

FILE	NAME	TYPE	FIELD_TITLE
ma_1.txt	contract_year	CHAR	Contract Year (2018)
ma_1.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
ma_1.txt	version	NUM	Version Number
ma_1.txt	base_c0027	NUM	Inpatient Facility Utilizers(MA Base\C0027)
ma_1.txt	base_c0028	NUM	Skilled Nursing Facility Utilizers(MA Base\C0028)
ma_1.txt	base_c0029	NUM	Home Health Utilizers(MA Base\C0029)
ma_1.txt	base_c0030	NUM	Ambulance Utilizers(MA Base\C0030)
ma_1.txt	base_c0031	NUM	DME/Prosthetics/Diabetes Utilizers(MA Base\C0031)
ma_1.txt	base_c0032	NUM	OP Facility - Emergency Utilizers(MA Base\C0032)
ma_1.txt	base_c0033	NUM	OP Facility - Surgery Utilizers(MA Base\C0033)
ma_1.txt	base_c0034	NUM	OP Facility - Other Utilizers(MA Base\C0034)
ma_1.txt	base_c0035	NUM	Professional Utilizers(MA Base\C0035)
ma_1.txt	base_c0036	NUM	Part B Rx Utilizers(MA Base\C0036)
ma_1.txt	base_c0037	NUM	Other Medicare Covered Utilizers(MA Base\C0037)
ma_1.txt	base_c0038	NUM	Transportation (Non-Covered) Utilizers(MA Base\C0038)
ma_1.txt	base_c0039	NUM	Dental (Non-Covered) Utilizers(MA Base\C0039)
ma_1.txt	base_c0040	NUM	Vision (Non-Covered) Utilizers(MA Base\C0040)
ma_1.txt	base_c0041	NUM	Hearing (Non-Covered) Utilizers(MA Base\C0041)
ma_1.txt	base_c0042	NUM	Suppl. Ben. Chpt 4 Utilizers(MA Base\C0042)
ma_1.txt	base_c0043	NUM	Other Non-Covered Utilizers(MA Base\C0043)
ma_1.txt	base_d0005	CHAR	Contract Number(MA Base\D0005)
ma_1.txt	base_d0006	CHAR	Plan ID(MA Base\D0006)
ma_1.txt	base_d0007	CHAR	Segment ID(MA Base\D0007)
ma_1.txt	base_d0027	NUM	Inpatient Facility Net PMPM(MA Base\D0027)
ma_1.txt	base_d0028	NUM	Skilled Nursing Facility Net PMPM(MA Base\D0028)
ma_1.txt	base_d0029	NUM	Home Health Net PMPM(MA Base\D0029)
ma_1.txt	base_d0030	NUM	Ambulance Net PMPM(MA Base\D0030)
ma_1.txt	base_d0031	NUM	DME/Prosthetics/Diabetes Net PMPM(MA Base\D0031)
ma_1.txt	base_d0032	NUM	OP Facility - Emergency Net PMPM(MA Base\D0032)
ma_1.txt	base_d0033	NUM	OP Facility - Surgery Net PMPM(MA Base\D0033)
ma_1.txt	base_d0034	NUM	OP Facility - Other Net PMPM(MA Base\D0034)
ma_1.txt	base_d0035	NUM	Professional Net PMPM(MA Base\D0035)
ma_1.txt	base_d0036	NUM	Part B Rx Net PMPM(MA Base\D0036)
ma_1.txt	base_d0037	NUM	Other Medicare Covered Net PMPM(MA Base\D0037)
ma_1.txt	base_d0038	NUM	Transportation (Non-Covered) Net PMPM(MA Base\D0038)
ma_1.txt	base_d0039	NUM	Dental (Non-Covered) Net PMPM(MA Base\D0039)
ma_1.txt	base_d0040	NUM	Vision (Non-Covered) Net PMPM(MA Base\D0040)
ma_1.txt	base_d0041	NUM	Hearing (Non-Covered) Net PMPM(MA Base\D0041)
ma_1.txt	base_d0042	NUM	Suppl. Ben. Chpt 4 (Non-Covered) Net PMPM(MA Base\D0042)
ma_1.txt	base_d0043	NUM	Other Non-Covered Net PMPM(MA Base\D0043)
ma_1.txt	base_d0044	NUM	COB/Subrg. (Outside Claim system) Net PMPM(MA Base\D0044)
ma_1.txt	base_d0045	NUM	Net PMPM Total Medical Expenses(MA Base\D0045)
ma_1.txt	base_d0055	NUM	Base Period Summary CMS Revenue ESRD(MA Base\D0055)
ma_1.txt	base_d0056	NUM	Base Period Summary Premium Revenue ESRD(MA Base\D0056)
ma_1.txt	base_d0057	NUM	Base Period Summary Total Revenue ESRD(MA Base\D0057)
ma_1.txt	base_d0059	NUM	Base Period Summary Net Medical Expenses ESRD(MA Base\D0059)
ma_1.txt	base_d0061	NUM	Base Period Summary Member Months ESRD(MA Base\D0061)
ma_1.txt	base_d0064	NUM	Base Period Summary PMPMs: Revenue PMPM ESRD(MA Base\D0064)
ma_1.txt	base_d0065	NUM	Base Period Summary PMPMs: Net Medical PMPM ESRD(MA Base\D0065)
ma_1.txt	base_e0016	DATE	Time Period Definition - Paid through(MA Base\E0016)
ma_1.txt	base_e0027	NUM	Inpatient Facility Cost Sharing(MA Base\E0027)
ma_1.txt	base_e0028	NUM	Skilled Nursing Facility Cost Sharing(MA Base\E0028)
ma_1.txt	base_e0029	NUM	Home Health Cost Sharing(MA Base\E0029)
ma_1.txt	base_e0030	NUM	Ambulance Cost Sharing(MA Base\E0030)
ma_1.txt	base_e0031	NUM	DME/Prosthetics/Diabetes Cost Sharing(MA Base\E0031)
ma_1.txt	base_e0032	NUM	OP Facility - Emergency Cost Sharing(MA Base\E0032)
ma_1.txt	base_e0033	NUM	OP Facility - Surgery Cost Sharing(MA Base\E0033)
ma_1.txt	base_e0034	NUM	OP Facility - Other Cost Sharing(MA Base\E0034)
ma_1.txt	base_e0035	NUM	Professional Cost Sharing(MA Base\E0035)
ma_1.txt	base_e0036	NUM	Part B Rx Cost Sharing(MA Base\E0036)
ma_1.txt	base_e0037	NUM	Other Medicare Covered Cost Sharing(MA Base\E0037)
ma_1.txt	base_e0038	NUM	Transportation (Non-Covered) Cost Sharing(MA Base\E0038)
ma_1.txt	base_e0039	NUM	Dental (Non-Covered) Cost Sharing(MA Base\E0039)
ma_1.txt	base_e0040	NUM	Vision (Non-Covered) Cost Sharing(MA Base\E0040)
ma_1.txt	base_e0041	NUM	Hearing (Non-Covered) Cost Sharing(MA Base\E0041)
ma_1.txt	base_e0042	NUM	Suppl. Ben. Chpt 4 Cost Sharing(MA Base\E0042)
ma_1.txt	base_e0043	NUM	Other Non-Covered Cost Sharing(MA Base\E0043)
ma_1.txt	base_e0044	NUM	COB/Subrg. (Outside Claim system) Cost Sharing(MA Base\E0044)
ma_1.txt	base_e0045	NUM	Cost Sharing Total Medical Expenses(MA Base\E0045)
ma_1.txt	base_e0055	NUM	Base Period Summary CMS Revenue Hospice(MA Base\E0055)
ma_1.txt	base_e0056	NUM	Base Period Summary Premium Revenue Hospice(MA Base\E0056)
ma_1.txt	base_e0057	NUM	Base Period Summary Total Revenue Hospice(MA Base\E0057)
ma_1.txt	base_e0059	NUM	Base Period Summary Net Medical Expenses Hospice(MA Base\E0059)
ma_1.txt	base_e0061	NUM	Base Period Summary Member Months Hospice(MA Base\E0061)
ma_1.txt	base_e0064	NUM	Base Period Summary PMPMs: Revenue PMPM Hospice(MA Base\E0064)
ma_1.txt	base_e0065	NUM	Base Period Summary PMPMs: Net Medical PMPM Hospice(MA Base\E0065)
ma_1.txt	base_f0027	CHAR	Inpatient Facility Util Type(MA Base\F0027)
ma_1.txt	base_f0028	CHAR	Skilled Nursing Facility Util Type(MA Base\F0028)
ma_1.txt	base_f0029	CHAR	Home Health Util Type(MA Base\F0029)
ma_1.txt	base_f0030	CHAR	Ambulance Util Type(MA Base\F0030)
ma_1.txt	base_f0031	CHAR	DME/Prosthetics/Diabetes Util Type(MA Base\F0031)
ma_1.txt	base_f0032	CHAR	OP Facility - Emergency Util Type(MA Base\F0032)
ma_1.txt	base_f0033	CHAR	OP Facility - Surgery Util Type(MA Base\F0033)
ma_1.txt	base_f0034	CHAR	OP Facility - Other Util Type(MA Base\F0034)
ma_1.txt	base_f0035	CHAR	Professional Util Type(MA Base\F0035)
ma_1.txt	base_f0036	CHAR	Part B Rx Util Type(MA Base\F0036)
ma_1.txt	base_f0037	CHAR	Other Medicare Covered Util Type(MA Base\F0037)

ma_1.txt	base_f0038	CHAR	Transportation (Non-Covered) Util Type(MA Base!F0038)
ma_1.txt	base_f0039	CHAR	Dental (Non-Covered) Util Type(MA Base!F0039)
ma_1.txt	base_f0040	CHAR	Vision (Non-Covered) Util Type(MA Base!F0040)
ma_1.txt	base_f0041	CHAR	Hearing (Non-Covered) Util Type(MA Base!F0041)
ma_1.txt	base_f0042	CHAR	Suppl. Ben. Chpt 4 Util Type(MA Base!F0042)
ma_1.txt	base_f0043	CHAR	Other Non-Covered Util Type(MA Base!F0043)
ma_1.txt	base_f0055	NUM	Base Period Summary CMS Revenue All Other(MA Base!F0055)
ma_1.txt	base_f0056	NUM	Base Period Summary Premium Revenue All Other(MA Base!F0056)
ma_1.txt	base_f0057	NUM	Base Period Summary Total Revenue All Other(MA Base!F0057)
ma_1.txt	base_f0059	NUM	Base Period Summary Net Medical Expenses All Other(MA Base!F0059)
ma_1.txt	base_f0061	NUM	Base Period Summary Member Months All Other(MA Base!F0061)
ma_1.txt	base_f0064	NUM	Base Period Summary PMPMs: Revenue PMPM All Other(MA Base!F0064)
ma_1.txt	base_f0065	NUM	Base Period Summary PMPMs: Net Medical PMPM All Other(MA Base!F0065)
ma_1.txt	base_g0005	CHAR	Organization Name(MA Base!G0005)
ma_1.txt	base_g0006	CHAR	Plan Name(MA Base!G0006)
ma_1.txt	base_g0007	CHAR	Plan Type(MA Base!G0007)
ma_1.txt	base_g0008	CHAR	MA-PD(MA Base!G0008)
ma_1.txt	base_g0027	NUM	Inpatient Facility Util/1000(MA Base!G0027)
ma_1.txt	base_g0028	NUM	Skilled Nursing Facility Util/1000(MA Base!G0028)
ma_1.txt	base_g0029	NUM	Home Health Util/1000(MA Base!G0029)
ma_1.txt	base_g0030	NUM	Ambulance Util/1000(MA Base!G0030)
ma_1.txt	base_g0031	NUM	DME/Prosthetics/Diabetes Util/1000(MA Base!G0031)
ma_1.txt	base_g0032	NUM	OP Facility - Emergency Util/1000(MA Base!G0032)
ma_1.txt	base_g0033	NUM	OP Facility - Surgery Util/1000(MA Base!G0033)
ma_1.txt	base_g0034	NUM	OP Facility - Other Util/1000(MA Base!G0034)
ma_1.txt	base_g0035	NUM	Professional Util/1000(MA Base!G0035)
ma_1.txt	base_g0036	NUM	Part B Rx Util/1000(MA Base!G0036)
ma_1.txt	base_g0037	NUM	Other Medicare Covered Util/1000(MA Base!G0037)
ma_1.txt	base_g0038	NUM	Transportation (Non-Covered) Util/1000(MA Base!G0038)
ma_1.txt	base_g0039	NUM	Dental (Non-Covered) Util/1000(MA Base!G0039)
ma_1.txt	base_g0040	NUM	Vision (Non-Covered) Util/1000(MA Base!G0040)
ma_1.txt	base_g0041	NUM	Hearing (Non-Covered) Util/1000(MA Base!G0041)
ma_1.txt	base_g0042	NUM	Suppl. Ben. Chpt 4 Util/1000(MA Base!G0042)
ma_1.txt	base_g0043	NUM	Other Non-Covered Util/1000(MA Base!G0043)
ma_1.txt	base_g0055	NUM	Base Period Summary CMS Revenue Total(MA Base!G0055)
ma_1.txt	base_g0056	NUM	Base Period Summary Premium Revenue Total(MA Base!G0056)
ma_1.txt	base_g0057	NUM	Base Period Summary Total Revenue Total(MA Base!G0057)
ma_1.txt	base_g0059	NUM	Base Period Summary Net Medical Expenses Total(MA Base!G0059)
ma_1.txt	base_g0061	NUM	Base Period Summary Member Months Total(MA Base!G0061)
ma_1.txt	base_g0064	NUM	Base Period Summary PMPMs: Revenue PMPM Total(MA Base!G0064)
ma_1.txt	base_g0065	NUM	Base Period Summary PMPMs: Net Medical PMPM Total(MA Base!G0065)
ma_1.txt	base_g0066	NUM	Base Period Summary PMPMs: Non-Benefit PMPM Total(MA Base!G0066)
ma_1.txt	base_g0067	NUM	Base Period Summary PMPMs: Gain/(Loss) Margin PMPM Total(MA Base!G0067)
ma_1.txt	base_h0027	NUM	Inpatient Facility Avg Cost per Unit(MA Base!H0027)
ma_1.txt	base_h0028	NUM	Skilled Nursing Facility Avg Cost per Unit(MA Base!H0028)
ma_1.txt	base_h0029	NUM	Home Health Avg Cost per Unit(MA Base!H0029)
ma_1.txt	base_h0030	NUM	Ambulance Avg Cost per Unit(MA Base!H0030)
ma_1.txt	base_h0031	NUM	DME/Prosthetics/Diabetes Avg Cost per Unit(MA Base!H0031)
ma_1.txt	base_h0032	NUM	OP Facility - Emergency Avg Cost per Unit(MA Base!H0032)
ma_1.txt	base_h0033	NUM	OP Facility - Surgery Avg Cost per Unit(MA Base!H0033)
ma_1.txt	base_h0034	NUM	OP Facility - Other Avg Cost per Unit(MA Base!H0034)
ma_1.txt	base_h0035	NUM	Professional Avg Cost per Unit(MA Base!H0035)
ma_1.txt	base_h0036	NUM	Part B Rx Avg Cost per Unit(MA Base!H0036)
ma_1.txt	base_h0037	NUM	Other Medicare Covered Avg Cost per Unit(MA Base!H0037)
ma_1.txt	base_h0038	NUM	Transportation (Non-Covered) Avg Cost per Unit(MA Base!H0038)
ma_1.txt	base_h0039	NUM	Dental (Non-Covered) Avg Cost per Unit(MA Base!H0039)
ma_1.txt	base_h0040	NUM	Vision (Non-Covered) Avg Cost per Unit(MA Base!H0040)
ma_1.txt	base_h0041	NUM	Hearing (Non-Covered) Avg Cost per Unit(MA Base!H0041)
ma_1.txt	base_h0042	NUM	Suppl. Ben. Chpt 4 Avg Cost per Unit(MA Base!H0042)
ma_1.txt	base_h0043	NUM	Other Non-Covered Avg Cost per Unit(MA Base!H0043)
ma_1.txt	base_i0013	NUM	Total Member Months(MA Base!I0013)
ma_1.txt	base_i0014	NUM	Total Non-ESRD Risk Score(MA Base!I0014)
ma_1.txt	base_i0015	NUM	Total Completion Factor(MA Base!I0015)
ma_1.txt	base_i0027	NUM	Inpatient Facility Allowed PMPM(MA Base!I0027)
ma_1.txt	base_i0028	NUM	Skilled Nursing Facility Allowed PMPM(MA Base!I0028)
ma_1.txt	base_i0029	NUM	Home Health Allowed PMPM(MA Base!I0029)
ma_1.txt	base_i0030	NUM	Ambulance Allowed PMPM(MA Base!I0030)
ma_1.txt	base_i0031	NUM	DME/Prosthetics/Diabetes Allowed PMPM(MA Base!I0031)
ma_1.txt	base_i0032	NUM	OP Facility - Emergency Allowed PMPM(MA Base!I0032)
ma_1.txt	base_i0033	NUM	OP Facility - Surgery Allowed PMPM(MA Base!I0033)
ma_1.txt	base_i0034	NUM	OP Facility - Other Allowed PMPM(MA Base!I0034)
ma_1.txt	base_i0035	NUM	Professional Allowed PMPM(MA Base!I0035)
ma_1.txt	base_i0036	NUM	Part B Rx Allowed PMPM(MA Base!I0036)
ma_1.txt	base_i0037	NUM	Other Medicare Covered Allowed PMPM(MA Base!I0037)
ma_1.txt	base_i0038	NUM	Transportation (Non-Covered) Allowed PMPM(MA Base!I0038)
ma_1.txt	base_i0039	NUM	Dental (Non-Covered) Allowed PMPM(MA Base!I0039)
ma_1.txt	base_i0040	NUM	Vision (Non-Covered) Allowed PMPM(MA Base!I0040)
ma_1.txt	base_i0041	NUM	Hearing (Non-Covered) Allowed PMPM(MA Base!I0041)
ma_1.txt	base_i0042	NUM	Suppl. Ben. Chpt 4 Allowed PMPM(MA Base!I0042)
ma_1.txt	base_i0043	NUM	Other Non-Covered Allowed PMPM(MA Base!I0043)
ma_1.txt	base_i0044	NUM	COB/Subrg. Allowed PMPM(MA Base!I0044)
ma_1.txt	base_i0045	NUM	Total Medical Expenses Allowed PMPM(MA Base!I0045)
ma_1.txt	base_i0047	NUM	Sub-Total Medicare-covered Services Allowed PMPM(MA Base!I0047)
ma_1.txt	base_j0013	NUM	Non-DE# Member Months(MA Base!J0013)
ma_1.txt	base_j0014	NUM	Non-DE# Risk Score(MA Base!J0014)
ma_1.txt	base_j0027	NUM	Inpatient Facility [Util/1000 Trend](MA Base!J0027)
ma_1.txt	base_j0028	NUM	Skilled Nursing Facility [Util/1000 Trend](MA Base!J0028)
ma_1.txt	base_j0029	NUM	Home Health [Util/1000 Trend](MA Base!J0029)

ma_1.txt	base_j0030	NUM	Ambulance [Util/1000 Trend](MA Base!J0030)
ma_1.txt	base_j0031	NUM	DME/Prosthetics/Diabetes [Util/1000 Trend](MA Base!J0031)
ma_1.txt	base_j0032	NUM	OP Facility - Emergency [Util/1000 Trend](MA Base!J0032)
ma_1.txt	base_j0033	NUM	OP Facility - Surgery [Util/1000 Trend](MA Base!J0033)
ma_1.txt	base_j0034	NUM	OP Facility - Other [Util/1000 Trend](MA Base!J0034)
ma_1.txt	base_j0035	NUM	Professional [Util/1000 Trend](MA Base!J0035)
ma_1.txt	base_j0036	NUM	Part B Rx [Util/1000 Trend](MA Base!J0036)
ma_1.txt	base_j0037	NUM	Other Medicare Covered [Util/1000 Trend](MA Base!J0037)
ma_1.txt	base_j0038	NUM	Transportation (Non-Covered) [Util/1000 Trend](MA Base!J0038)
ma_1.txt	base_j0039	NUM	Dental (Non-Covered) [Util/1000 Trend](MA Base!J0039)
ma_1.txt	base_j0040	NUM	Vision (Non-Covered) [Util/1000 Trend](MA Base!J0040)
ma_1.txt	base_j0041	NUM	Hearing (Non-Covered) [Util/1000 Trend](MA Base!J0041)
ma_1.txt	base_j0042	NUM	Suppl. Ben. Chpt 4 [Util/1000 Trend](MA Base!J0042)
ma_1.txt	base_j0043	NUM	Other Non-Covered [Util/1000 Trend](MA Base!J0043)
ma_1.txt	base_j0044	NUM	COB/Subrg. [Util/1000 Trend](MA Base!J0044)
ma_1.txt	base_k0005	CHAR	Enrollee Type(MA Base!K0005)
ma_1.txt	base_k0006	CHAR	MA Region(MA Base!K0006)
ma_1.txt	base_k0007	CHAR	Act. Swap/Equiv. Indicator(MA Base!K0007)
ma_1.txt	base_k0008	CHAR	SNP Indicator(MA Base!K0008)
ma_1.txt	base_k0013	NUM	DE# Member Months(MA Base!K0013)
ma_1.txt	base_k0014	NUM	DE# Risk Score(MA Base!K0014)
ma_1.txt	base_k0027	NUM	Inpatient Facility [Benefit Plan Change](MA Base!K0027)
ma_1.txt	base_k0028	NUM	Skilled Nursing Facility [Benefit Plan Change](MA Base!K0028)
ma_1.txt	base_k0029	NUM	Home Health [Benefit Plan Change](MA Base!K0029)
ma_1.txt	base_k0030	NUM	Ambulance [Benefit Plan Change](MA Base!K0030)
ma_1.txt	base_k0031	NUM	DME/Prosthetics/Diabetes [Benefit Plan Change](MA Base!K0031)
ma_1.txt	base_k0032	NUM	OP Facility - Emergency [Benefit Plan Change](MA Base!K0032)
ma_1.txt	base_k0033	NUM	OP Facility - Surgery [Benefit Plan Change](MA Base!K0033)
ma_1.txt	base_k0034	NUM	OP Facility - Other [Benefit Plan Change](MA Base!K0034)
ma_1.txt	base_k0035	NUM	Professional [Benefit Plan Change](MA Base!K0035)
ma_1.txt	base_k0036	NUM	Part B Rx [Benefit Plan Change](MA Base!K0036)
ma_1.txt	base_k0037	NUM	Other Medicare Covered [Benefit Plan Change](MA Base!K0037)
ma_1.txt	base_k0038	NUM	Transportation (Non-Covered) [Benefit Plan Change](MA Base!K0038)
ma_1.txt	base_k0039	NUM	Dental (Non-Covered) [Benefit Plan Change](MA Base!K0039)
ma_1.txt	base_k0040	NUM	Vision (Non-Covered) [Benefit Plan Change](MA Base!K0040)
ma_1.txt	base_k0041	NUM	Hearing (Non-Covered) [Benefit Plan Change](MA Base!K0041)
ma_1.txt	base_k0042	NUM	Suppl. Ben. Chpt 4 [Benefit Plan Change](MA Base!K0042)
ma_1.txt	base_k0043	NUM	Other Non-Covered [Benefit Plan Change](MA Base!K0043)
ma_1.txt	base_k0044	NUM	COB/Subrg. [Benefit Plan Change](MA Base!K0044)
ma_1.txt	base_k0056	NUM	Non-Benefit Expenses: Sales & Marketing(MA Base!K0056)
ma_1.txt	base_k0057	NUM	Non-Benefit Expenses: Direct Admin(MA Base!K0057)
ma_1.txt	base_k0058	NUM	Non-Benefit Expenses: Indirect Admin(MA Base!K0058)
ma_1.txt	base_k0059	NUM	Non-Benefit Expenses: Net Cost of Private Reinsurance(MA Base!K0059)
ma_1.txt	base_k0060	NUM	Insurer Fees(MA Base!K0060)
ma_1.txt	base_k0062	NUM	Non-Benefit Expenses: Total Non-Benefit Expenses(MA Base!K0062)
ma_1.txt	base_l0027	NUM	Inpatient Facility [Population Change](MA Base!L0027)
ma_1.txt	base_l0028	NUM	Skilled Nursing Facility [Population Change](MA Base!L0028)
ma_1.txt	base_l0029	NUM	Home Health [Population Change](MA Base!L0029)
ma_1.txt	base_l0030	NUM	Ambulance [Population Change](MA Base!L0030)
ma_1.txt	base_l0031	NUM	DME/Prosthetics/Diabetes [Population Change](MA Base!L0031)
ma_1.txt	base_l0032	NUM	OP Facility - Emergency [Population Change](MA Base!L0032)
ma_1.txt	base_l0033	NUM	OP Facility - Surgery [Population Change](MA Base!L0033)
ma_1.txt	base_l0034	NUM	OP Facility - Other [Population Change](MA Base!L0034)
ma_1.txt	base_l0035	NUM	Professional [Population Change](MA Base!L0035)
ma_1.txt	base_l0036	NUM	Part B Rx [Population Change](MA Base!L0036)
ma_1.txt	base_l0037	NUM	Other Medicare Covered [Population Change](MA Base!L0037)
ma_1.txt	base_l0038	NUM	Transportation (Non-Covered) [Population Change](MA Base!L0038)
ma_1.txt	base_l0039	NUM	Dental (Non-Covered) [Population Change](MA Base!L0039)
ma_1.txt	base_l0040	NUM	Vision (Non-Covered) [Population Change](MA Base!L0040)
ma_1.txt	base_l0041	NUM	Hearing (Non-Covered) [Population Change](MA Base!L0041)
ma_1.txt	base_l0042	NUM	Suppl. Ben. Chpt 4 [Population Change](MA Base!L0042)
ma_1.txt	base_l0043	NUM	Other Non-Covered [Population Change](MA Base!L0043)
ma_1.txt	base_l0044	NUM	COB/Subrg. [Population Change](MA Base!L0044)
ma_1.txt	base_m0027	NUM	Inpatient Facility [Other Factor](MA Base!M0027)
ma_1.txt	base_m0028	NUM	Skilled Nursing Facility [Other Factor](MA Base!M0028)
ma_1.txt	base_m0029	NUM	Home Health [Other Factor](MA Base!M0029)
ma_1.txt	base_m0030	NUM	Ambulance [Other Factor](MA Base!M0030)
ma_1.txt	base_m0031	NUM	DME/Prosthetics/Diabetes [Other Factor](MA Base!M0031)
ma_1.txt	base_m0032	NUM	OP Facility - Emergency [Other Factor](MA Base!M0032)
ma_1.txt	base_m0033	NUM	OP Facility - Surgery [Other Factor](MA Base!M0033)
ma_1.txt	base_m0034	NUM	OP Facility - Other [Other Factor](MA Base!M0034)
ma_1.txt	base_m0035	NUM	Professional [Other Factor](MA Base!M0035)
ma_1.txt	base_m0036	NUM	Part B Rx [Other Factor](MA Base!M0036)
ma_1.txt	base_m0037	NUM	Other Medicare Covered [Other Factor](MA Base!M0037)
ma_1.txt	base_m0038	NUM	Transportation (Non-Covered) [Other Factor](MA Base!M0038)
ma_1.txt	base_m0039	NUM	Dental (Non-Covered) [Other Factor](MA Base!M0039)
ma_1.txt	base_m0040	NUM	Vision (Non-Covered) [Other Factor](MA Base!M0040)
ma_1.txt	base_m0041	NUM	Hearing (Non-Covered) [Other Factor](MA Base!M0041)
ma_1.txt	base_m0042	NUM	Suppl. Ben. Chpt 4 [Other Factor](MA Base!M0042)
ma_1.txt	base_m0043	NUM	Other Non-Covered [Other Factor](MA Base!M0043)
ma_1.txt	base_m0044	NUM	COB/Subrg. [Other Factor](MA Base!M0044)
ma_1.txt	base_n0014	CHAR	Contr-Plan-Seg ID - a(MA Base!N0014)
ma_1.txt	base_n0015	CHAR	Contr-Plan-Seg ID - b(MA Base!N0015)
ma_1.txt	base_n0016	CHAR	Contr-Plan-Seg ID - c(MA Base!N0016)
ma_1.txt	base_n0017	CHAR	Contr-Plan-Seg ID - d(MA Base!N0017)
ma_1.txt	base_n0027	NUM	Inpatient Facility [Unit Cost/Provider Payment Change](MA Base!N0027)
ma_1.txt	base_n0028	NUM	Skilled Nursing Facility [Unit Cost/Provider Payment Change](MA Base!N0028)
ma_1.txt	base_n0029	NUM	Home Health [Unit Cost/Provider Payment Change](MA Base!N0029)

ma_1.txt	base_n0030	NUM	Ambulance [Unit Cost/Provider Payment Change](MA Base!N0030)
ma_1.txt	base_n0031	NUM	DME/Prosthetics/Diabetes [Unit Cost/Provider Payment Change](MA Base!N0031)
ma_1.txt	base_n0032	NUM	OP Facility - Emergency [Unit Cost/Provider Payment Change](MA Base!N0032)
ma_1.txt	base_n0033	NUM	OP Facility - Surgery [Unit Cost/Provider Payment Change](MA Base!N0033)
ma_1.txt	base_n0034	NUM	OP Facility - Other [Unit Cost/Provider Payment Change](MA Base!N0034)
ma_1.txt	base_n0035	NUM	Professional [Unit Cost/Provider Payment Change](MA Base!N0035)
ma_1.txt	base_n0036	NUM	Part B Rx [Unit Cost/Provider Payment Change](MA Base!N0036)
ma_1.txt	base_n0037	NUM	Other Medicare Covered [Unit Cost/Provider Payment Change](MA Base!N0037)
ma_1.txt	base_n0038	NUM	Transportation (Non-Covered) [Unit Cost/Provider Payment Change](MA Base!N0038)
ma_1.txt	base_n0039	NUM	Dental (Non-Covered) [Unit Cost/Provider Payment Change](MA Base!N0039)
ma_1.txt	base_n0040	NUM	Vision (Non-Covered) [Unit Cost/Provider Payment Change](MA Base!N0040)
ma_1.txt	base_n0041	NUM	Hearing (Non-Covered) [Unit Cost/Provider Payment Change](MA Base!N0041)
ma_1.txt	base_n0042	NUM	Suppl. Ben. Chpt 4 [Unit Cost/Provider Payment Change](MA Base!N0042)
ma_1.txt	base_n0043	NUM	Other Non-Covered [Unit Cost/Provider Payment Change](MA Base!N0043)
ma_1.txt	base_n0044	NUM	COB/Subrg. [Unit Cost/Provider Payment Change](MA Base!N0044)
ma_1.txt	base_o0005	CHAR	Region Name(MA Base!O0005)
ma_1.txt	base_o0006	CHAR	Region Name Sub Category 1(MA Base!O0006)
ma_1.txt	base_o0007	CHAR	Region Name Sub Category 2(MA Base!O0007)
ma_1.txt	base_o0008	CHAR	SNP Type(MA Base!O0008)
ma_1.txt	base_o0014	NUM	Member Month Percentage - a(MA Base!O0014)
ma_1.txt	base_o0015	NUM	Member Month Percentage - b(MA Base!O0015)
ma_1.txt	base_o0016	NUM	Member Month Percentage - c(MA Base!O0016)
ma_1.txt	base_o0017	NUM	Member Month Percentage - d(MA Base!O0017)
ma_1.txt	base_o0027	NUM	Inpatient Facility [Unit Cost Adj/Other Factor](MA Base!O0027)
ma_1.txt	base_o0028	NUM	Skilled Nursing Facility [Unit Cost Adj/Other Factor](MA Base!O0028)
ma_1.txt	base_o0029	NUM	Home Health [Unit Cost Adj/Other Factor](MA Base!O0029)
ma_1.txt	base_o0030	NUM	Home Health [Unit Cost Adj/Other Factor](MA Base!O0030)
ma_1.txt	base_o0031	NUM	DME/Prosthetics/Diabetes [Unit Cost Adj/Other Factor](MA Base!O0031)
ma_1.txt	base_o0032	NUM	OP Facility - Emergency [Unit Cost Adj/Other Factor](MA Base!O0032)
ma_1.txt	base_o0033	NUM	OP Facility - Surgery [Unit Cost Adj/Other Factor](MA Base!O0033)
ma_1.txt	base_o0034	NUM	OP Facility - Other [Unit Cost Adj/Other Factor](MA Base!O0034)
ma_1.txt	base_o0035	NUM	Professional [Unit Cost Adj/Other Factor](MA Base!O0035)
ma_1.txt	base_o0036	NUM	Part B Rx [Unit Cost Adj/Other Factor](MA Base!O0036)
ma_1.txt	base_o0037	NUM	Other Medicare Covered [Unit Cost Adj/Other Factor](MA Base!O0037)
ma_1.txt	base_o0038	NUM	Transportation (Non-Covered) [Unit Cost Adj/Other Factor](MA Base!O0038)
ma_1.txt	base_o0039	NUM	Dental (Non-Covered) [Unit Cost Adj/Other Factor](MA Base!O0039)
ma_1.txt	base_o0040	NUM	Vision (Non-Covered) [Unit Cost Adj/Other Factor](MA Base!O0040)
ma_1.txt	base_o0041	NUM	Hearing (Non-Covered) [Unit Cost Adj/Other Factor](MA Base!O0041)
ma_1.txt	base_o0042	NUM	Suppl. Ben. Chpt 4 [Unit Cost Adj/Other Factor](MA Base!O0042)
ma_1.txt	base_o0043	NUM	Other Non-Covered [Unit Cost Adj/Other Factor](MA Base!O0043)
ma_1.txt	base_o0044	NUM	COB/Subrg. [Unit Cost Adj/Other Factor](MA Base!O0044)
ma_1.txt	base_o0055	NUM	Non-Benefit Expenses: Gain(Loss) Margin(MA Base!O0055)
ma_1.txt	base_o0058	NUM	Percent of Revenue: Net Medical Expenses(MA Base!O0058)
ma_1.txt	base_o0059	NUM	Percent of Revenue: Non-Benefit Expenses(MA Base!O0059)
ma_1.txt	base_o0060	NUM	Percent of Revenue: Gain/(Loss) Margin(MA Base!O0060)
ma_1.txt	base_p0014	CHAR	Contr-Plan-Seg ID a(MA Base!P0014)
ma_1.txt	base_p0015	CHAR	Contr-Plan-Seg ID b(MA Base!P0015)
ma_1.txt	base_p0016	CHAR	Contr-Plan-Seg ID c(MA Base!P0016)
ma_1.txt	base_p0017	CHAR	Contr-Plan-Seg ID d(MA Base!P0017)
ma_1.txt	base_p0027	NUM	Inpatient Facility [Additive Adjustment Util/1000](MA Base!P0027)
ma_1.txt	base_p0028	NUM	Skilled Nursing Facility [Additive Adjustment Util/1000](MA Base!P0028)
ma_1.txt	base_p0029	NUM	Home Health [Additive Adjustment Util/1000](MA Base!P0029)
ma_1.txt	base_p0030	NUM	Ambulance [Additive Adjustment Util/1000](MA Base!P0030)
ma_1.txt	base_p0031	NUM	DME/Prosthetics/Diabetes [Additive Adjustment Util/1000](MA Base!P0031)
ma_1.txt	base_p0032	NUM	OP Facility - Emergency [Additive Adjustment Util/1000](MA Base!P0032)
ma_1.txt	base_p0033	NUM	OP Facility - Surgery [Additive Adjustment Util/1000](MA Base!P0033)
ma_1.txt	base_p0034	NUM	OP Facility - Other [Additive Adjustment Util/1000](MA Base!P0034)
ma_1.txt	base_p0035	NUM	Professional [Additive Adjustment Util/1000](MA Base!P0035)
ma_1.txt	base_p0036	NUM	Part B Rx [Additive Adjustment Util/1000](MA Base!P0036)
ma_1.txt	base_p0037	NUM	Other Medicare Covered [Additive Adjustment Util/1000](MA Base!P0037)
ma_1.txt	base_p0038	NUM	Transportation (Non-Covered) [Additive Adjustment Util/1000](MA Base!P0038)
ma_1.txt	base_p0039	NUM	Dental (Non-Covered) [Additive Adjustment Util/1000](MA Base!P0039)
ma_1.txt	base_p0040	NUM	Vision (Non-Covered) [Additive Adjustment Util/1000](MA Base!P0040)
ma_1.txt	base_p0041	NUM	Hearing (Non-Covered) [Additive Adjustment Util/1000](MA Base!P0041)
ma_1.txt	base_p0042	NUM	Suppl. Ben. Chpt 4 [Additive Adjustment Util/1000](MA Base!P0042)
ma_1.txt	base_p0043	NUM	Other Non-Covered [Additive Adjustment Util/1000](MA Base!P0043)
ma_1.txt	base_p0063	NUM	Medicaid Revenue(MA Base!P0063)
ma_1.txt	base_p0064	NUM	Medicaid Cost(MA Base!P0064)
ma_1.txt	base_p0065	NUM	Benefit Expenses(MA Base!P0065)
ma_1.txt	base_p0066	NUM	Non-benefit Expenses(MA Base!P0066)
ma_1.txt	base_q0007	CHAR	VBID(MA Base!Q0007)
ma_1.txt	base_q0014	CHAR	Member Months a(MA Base!Q0014)
ma_1.txt	base_q0015	CHAR	Member Months b(MA Base!Q0015)
ma_1.txt	base_q0016	CHAR	Member Months c(MA Base!Q0016)
ma_1.txt	base_q0017	CHAR	Member Months d(MA Base!Q0017)
ma_1.txt	base_q0027	NUM	Inpatient Facility [Additive Adjustment PMPM](MA Base!Q0027)
ma_1.txt	base_q0028	NUM	Skilled Nursing Facility [Additive Adjustment PMPM](MA Base!Q0028)
ma_1.txt	base_q0029	NUM	Home Health [Additive Adjustment PMPM](MA Base!Q0029)
ma_1.txt	base_q0030	NUM	Ambulance [Additive Adjustment PMPM](MA Base!Q0030)
ma_1.txt	base_q0031	NUM	DME/Prosthetics/Diabetes [Additive Adjustment PMPM](MA Base!Q0031)
ma_1.txt	base_q0032	NUM	OP Facility - Emergency [Additive Adjustment PMPM](MA Base!Q0032)
ma_1.txt	base_q0033	NUM	OP Facility - Surgery [Additive Adjustment PMPM](MA Base!Q0033)
ma_1.txt	base_q0034	NUM	OP Facility - Other [Additive Adjustment PMPM](MA Base!Q0034)
ma_1.txt	base_q0035	NUM	Professional [Additive Adjustment PMPM](MA Base!Q0035)
ma_1.txt	base_q0036	NUM	Part B Rx [Additive Adjustment PMPM](MA Base!Q0036)
ma_1.txt	base_q0037	NUM	Other Medicare Covered [Additive Adjustment PMPM](MA Base!Q0037)
ma_1.txt	base_q0038	NUM	Transportation (Non-Covered) [Additive Adjustment PMPM](MA Base!Q0038)
ma_1.txt	base_q0039	NUM	Dental (Non-Covered) [Additive Adjustment PMPM](MA Base!Q0039)

ma_1.txt	base_q0040	NUM	Vision (Non-Covered) [Additive Adjustment PMPM](MA BaseIQ0040)
ma_1.txt	base_q0041	NUM	Hearing (Non-Covered) [Additive Adjustment PMPM](MA BaseIQ0041)
ma_1.txt	base_q0042	NUM	Suppl. Ben. Chpt 4 [Additive Adjustment PMPM](MA BaseIQ0042)
ma_1.txt	base_q0043	NUM	Other Non-Covered [Additive Adjustment PMPM](MA BaseIQ0043)
ma_1.txt	base_q0044	NUM	COB/Subrg. [Additive Adjustment PMPM](MA BaseIQ0044)
ma_2.txt	contract_year	CHAR	Contract Year (2018)
ma_2.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
ma_2.txt	version	NUM	Version Number
ma_2.txt	base_g0005	CHAR	Organization Name(MA BaseIG0005)
ma_2.txt	base_g0007	CHAR	Plan Type(MA BaseIG0007)
ma_2.txt	base_g0008	CHAR	MA-PD(MA BaseIG0008)
ma_2.txt	base_k0005	CHAR	Enrollee Type(MA BaseIK0005)
ma_2.txt	base_k0008	CHAR	SNP Indicator(MA BaseIK0008)
ma_2.txt	base_o0005	CHAR	Region Name(MA BaseIO0005)
ma_2.txt	allow_e0020	CHAR	Inpatient Facility Util Type(MA AllowedIE0020)
ma_2.txt	allow_e0021	CHAR	Skilled Nursing Facility Util Type(MA AllowedIE0021)
ma_2.txt	allow_e0022	CHAR	Home Health Util Type(MA AllowedIE0022)
ma_2.txt	allow_e0023	CHAR	Ambulance Util Type(MA AllowedIE0023)
ma_2.txt	allow_e0024	CHAR	DME/Prosthetics/Diabetes Util Type(MA AllowedIE0024)
ma_2.txt	allow_e0025	CHAR	OP Facility - Emergency Util Type(MA AllowedIE0025)
ma_2.txt	allow_e0026	CHAR	OP Facility - Surgery Util Type(MA AllowedIE0026)
ma_2.txt	allow_e0027	CHAR	OP Facility - Other Util Type(MA AllowedIE0027)
ma_2.txt	allow_e0028	CHAR	Professional Util Type(MA AllowedIE0028)
ma_2.txt	allow_e0029	CHAR	Part B Rx Util Type(MA AllowedIE0029)
ma_2.txt	allow_e0030	CHAR	Other Medicare Covered Util Type(MA AllowedIE0030)
ma_2.txt	allow_e0031	CHAR	Transportation (Non-Covered) Util Type(MA AllowedIE0031)
ma_2.txt	allow_e0032	CHAR	Dental (Non-Covered) Util Type(MA AllowedIE0032)
ma_2.txt	allow_e0033	CHAR	Vision (Non-Covered) Util Type(MA AllowedIE0033)
ma_2.txt	allow_e0034	CHAR	Hearing (Non-Covered) Util Type(MA AllowedIE0034)
ma_2.txt	allow_e0035	CHAR	Suppl. Ben. Chpt 4 Util Type(MA AllowedIE0035)
ma_2.txt	allow_e0036	CHAR	Other Non-Covered Util Type(MA AllowedIE0036)
ma_2.txt	allow_f0020	NUM	Inpatient Facility - Annual Utilization/1000(MA AllowedIF0020)
ma_2.txt	allow_f0021	NUM	Skilled Nursing Facility - Annual Utilization/1000(MA AllowedIF0021)
ma_2.txt	allow_f0022	NUM	Home Health - Annual Utilization/1000(MA AllowedIF0022)
ma_2.txt	allow_f0023	NUM	Ambulance - Annual Utilization/1000(MA AllowedIF0023)
ma_2.txt	allow_f0024	NUM	DME/Prosthetics/Diabetes - Annual Utilization/1000(MA AllowedIF0024)
ma_2.txt	allow_f0025	NUM	Outpatient Facility - Emergency - Annual Utilization/1000(MA AllowedIF0025)
ma_2.txt	allow_f0026	NUM	Outpatient Facility - Surgery - Annual Utilization/1000(MA AllowedIF0026)
ma_2.txt	allow_f0027	NUM	Outpatient Facility - Other - Annual Utilization/1000(MA AllowedIF0027)
ma_2.txt	allow_f0028	NUM	Professional - Annual Utilization/1000(MA AllowedIF0028)
ma_2.txt	allow_f0029	NUM	Part B Rx - Annual Utilization/1000(MA AllowedIF0029)
ma_2.txt	allow_f0030	NUM	Other Medicare Covered - Annual Utilization/1000(MA AllowedIF0030)
ma_2.txt	allow_f0031	NUM	Transportation (Non-Covered) - Annual Utilization/1000(MA AllowedIF0031)
ma_2.txt	allow_f0032	NUM	Dental (Non-Covered) - Annual Utilization/1000(MA AllowedIF0032)
ma_2.txt	allow_f0033	NUM	Vision (Non-Covered) - Annual Utilization/1000(MA AllowedIF0033)
ma_2.txt	allow_f0034	NUM	Hearing (Non-Covered) - Annual Utilization/1000(MA AllowedIF0034)
ma_2.txt	allow_f0035	NUM	Suppl. Ben. Chpt 4 - Annual Utilization/1000(MA AllowedIF0035)
ma_2.txt	allow_f0036	NUM	Other Non-Covered - Annual Utilization/1000(MA AllowedIF0036)
ma_2.txt	allow_g0020	NUM	Inpatient Facility - Projected Average Cost(MA AllowedIG0020)
ma_2.txt	allow_g0021	NUM	Skilled Nursing Facility - Projected Average Cost(MA AllowedIG0021)
ma_2.txt	allow_g0022	NUM	Home Health - Projected Average Cost(MA AllowedIG0022)
ma_2.txt	allow_g0023	NUM	Ambulance - Projected Average Cost(MA AllowedIG0023)
ma_2.txt	allow_g0024	NUM	DME/Prosthetics/Diabetes - Projected Average Cost(MA AllowedIG0024)
ma_2.txt	allow_g0025	NUM	Outpatient Facility - Emergency - Projected Average Cost(MA AllowedIG0025)
ma_2.txt	allow_g0026	NUM	Outpatient Facility - Surgery - Projected Average Cost(MA AllowedIG0026)
ma_2.txt	allow_g0027	NUM	Outpatient Facility - Other - Projected Average Cost(MA AllowedIG0027)
ma_2.txt	allow_g0028	NUM	Professional - Projected Average Cost(MA AllowedIG0028)
ma_2.txt	allow_g0029	NUM	Part B Rx - Projected Average Cost(MA AllowedIG0029)
ma_2.txt	allow_g0030	NUM	Other Medicare Covered - Projected Average Cost(MA AllowedIG0030)
ma_2.txt	allow_g0031	NUM	Transportation (Non-Covered) - Projected Average Cost(MA AllowedIG0031)
ma_2.txt	allow_g0032	NUM	Dental (Non-Covered) - Projected Average Cost(MA AllowedIG0032)
ma_2.txt	allow_g0033	NUM	Vision (Non-Covered) - Projected Average Cost(MA AllowedIG0033)
ma_2.txt	allow_g0034	NUM	Hearing (Non-Covered) - Projected Average Cost(MA AllowedIG0034)
ma_2.txt	allow_g0035	NUM	Suppl. Ben. Chpt 4 - Projected Average Cost(MA AllowedIG0035)
ma_2.txt	allow_g0036	NUM	Other Non-Covered - Projected Average Cost(MA AllowedIG0036)
ma_2.txt	allow_h0020	NUM	Inpatient Facility Projected Allowed PMPM(MA AllowedIH0020)
ma_2.txt	allow_h0021	NUM	Skilled Nursing Facility Projected Allowed PMPM(MA AllowedIH0021)
ma_2.txt	allow_h0022	NUM	Home Health Projected Allowed PMPM(MA AllowedIH0022)
ma_2.txt	allow_h0023	NUM	Ambulance Projected Allowed PMPM(MA AllowedIH0023)
ma_2.txt	allow_h0024	NUM	DME/Prosthetics/Diabetes Projected Allowed PMPM(MA AllowedIH0024)
ma_2.txt	allow_h0025	NUM	Outpatient Facility - Emergency Projected Allowed PMPM(MA AllowedIH0025)
ma_2.txt	allow_h0026	NUM	Outpatient Facility - Surgery Projected Allowed PMPM(MA AllowedIH0026)
ma_2.txt	allow_h0027	NUM	Outpatient Facility - Other Projected Allowed PMPM(MA AllowedIH0027)
ma_2.txt	allow_h0028	NUM	Professional Projected Allowed PMPM(MA AllowedIH0028)
ma_2.txt	allow_h0029	NUM	Part B Rx Projected Allowed PMPM(MA AllowedIH0029)
ma_2.txt	allow_h0030	NUM	Other Medicare Covered Projected Allowed PMPM(MA AllowedIH0030)
ma_2.txt	allow_h0031	NUM	Transportation (Non-Covered) Projected Allowed PMPM(MA AllowedIH0031)
ma_2.txt	allow_h0032	NUM	Dental (Non-Covered) Projected Allowed PMPM(MA AllowedIH0032)
ma_2.txt	allow_h0033	NUM	Vision (Non-Covered) Projected Allowed PMPM(MA AllowedIH0033)
ma_2.txt	allow_h0034	NUM	Hearing (Non-Covered) Projected Allowed PMPM(MA AllowedIH0034)
ma_2.txt	allow_h0035	NUM	Suppl. Ben. Chpt 4 Projected Allowed PMPM(MA AllowedIH0035)
ma_2.txt	allow_h0036	NUM	Other Non-Covered Projected Allowed PMPM(MA AllowedIH0036)
ma_2.txt	allow_h0037	NUM	COB/Subrg. Projected Allowed PMPM(MA AllowedIH0037)
ma_2.txt	allow_h0038	NUM	Total Medical Expenses Projected Allowed PMPM(MA AllowedIH0038)
ma_2.txt	allow_h0040	NUM	Subtotal Medicare-covered services Projected Allowed PMPM(MA AllowedIH0040)
ma_2.txt	allow_i0020	NUM	Inpatient Facility - Manual Annual Utilization/1000(MA AllowedII0020)
ma_2.txt	allow_i0021	NUM	Skilled Nursing Facility - Manual Annual Utilization/1000(MA AllowedII0021)
ma_2.txt	allow_i0022	NUM	Home Health - Manual Annual Utilization/1000(MA AllowedII0022)

ma_2.txt	allow_i0023	NUM	Ambulance - Manual Annual Utilization/1000(MA Allowed!I0023)
ma_2.txt	allow_i0024	NUM	DME/Prosthetics/Diabetes - Manual Annual Utilization/1000(MA Allowed!I0024)
ma_2.txt	allow_i0025	NUM	Outpatient Facility - Emergency - Manual Annual Utilization/1000(MA Allowed!I0025)
ma_2.txt	allow_i0026	NUM	Outpatient Facility - Surgery - Manual Annual Utilization/1000(MA Allowed!I0026)
ma_2.txt	allow_i0027	NUM	Outpatient Facility - Other - Manual Annual Utilization/1000(MA Allowed!I0027)
ma_2.txt	allow_i0028	NUM	Professional - Manual Annual Utilization/1000(MA Allowed!I0028)
ma_2.txt	allow_i0029	NUM	Part B Rx - Manual Annual Utilization/1000(MA Allowed!I0029)
ma_2.txt	allow_i0030	NUM	Other Medicare Covered - Manual Annual Utilization/1000(MA Allowed!I0030)
ma_2.txt	allow_i0031	NUM	Transportation (Non-Covered) - Manual Annual Utilization/1000(MA Allowed!I0031)
ma_2.txt	allow_i0032	NUM	Dental (Non-Covered) - Manual Annual Utilization/1000(MA Allowed!I0032)
ma_2.txt	allow_i0033	NUM	Vision (Non-Covered) - Manual Annual Utilization/1000(MA Allowed!I0033)
ma_2.txt	allow_i0034	NUM	Hearing (Non-Covered) - Manual Annual Utilization/1000(MA Allowed!I0034)
ma_2.txt	allow_i0035	NUM	Suppl. Ben. Chpt 4 - Manual Annual Utilization/1000(MA Allowed!I0035)
ma_2.txt	allow_i0036	NUM	Other Non-Covered - Manual Annual Utilization/1000(MA Allowed!I0036)
ma_2.txt	allow_j0020	NUM	Inpatient Facility - Manual Average Cost(MA Allowed!J0020)
ma_2.txt	allow_j0021	NUM	Skilled Nursing Facility - Manual Average Cost(MA Allowed!J0021)
ma_2.txt	allow_j0022	NUM	Home Health - Manual Average Cost(MA Allowed!J0022)
ma_2.txt	allow_j0023	NUM	Ambulance - Manual Average Cost(MA Allowed!J0023)
ma_2.txt	allow_j0024	NUM	DME/Prosthetics/Diabetes - Manual Average Cost(MA Allowed!J0024)
ma_2.txt	allow_j0025	NUM	Outpatient Facility - Emergency - Manual Average Cost(MA Allowed!J0025)
ma_2.txt	allow_j0026	NUM	Outpatient Facility - Surgery - Manual Average Cost(MA Allowed!J0026)
ma_2.txt	allow_j0027	NUM	Outpatient Facility - Other - Manual Average Cost(MA Allowed!J0027)
ma_2.txt	allow_j0028	NUM	Professional - Manual Average Cost(MA Allowed!J0028)
ma_2.txt	allow_j0029	NUM	Part B Rx - Manual Average Cost(MA Allowed!J0029)
ma_2.txt	allow_j0030	NUM	Other Medicare Covered - Manual Average Cost(MA Allowed!J0030)
ma_2.txt	allow_j0031	NUM	Transportation (Non-Covered) - Manual Average Cost(MA Allowed!J0031)
ma_2.txt	allow_j0032	NUM	Dental (Non-Covered) - Manual Average Cost(MA Allowed!J0032)
ma_2.txt	allow_j0033	NUM	Vision (Non-Covered) - Manual Average Cost(MA Allowed!J0033)
ma_2.txt	allow_j0034	NUM	Hearing (Non-Covered) - Manual Average Cost(MA Allowed!J0034)
ma_2.txt	allow_j0035	NUM	Suppl. Ben. Chpt 4 - Manual Average Cost(MA Allowed!J0035)
ma_2.txt	allow_j0036	NUM	Other Non-Covered - Manual Average Cost(MA Allowed!J0036)
ma_2.txt	allow_k0020	NUM	Inpatient Facility - Manual Allowed PMPM(MA Allowed!K0020)
ma_2.txt	allow_k0021	NUM	Skilled Nursing Facility - Manual Allowed PMPM(MA Allowed!K0021)
ma_2.txt	allow_k0022	NUM	Home Health - Manual Allowed PMPM(MA Allowed!K0022)
ma_2.txt	allow_k0023	NUM	Ambulance - Manual Allowed PMPM(MA Allowed!K0023)
ma_2.txt	allow_k0024	NUM	DME/Prosthetics/Diabetes - Manual Allowed PMPM(MA Allowed!K0024)
ma_2.txt	allow_k0025	NUM	Outpatient Facility - Emergency - Manual Allowed PMPM(MA Allowed!K0025)
ma_2.txt	allow_k0026	NUM	Outpatient Facility - Surgery - Manual Allowed PMPM(MA Allowed!K0026)
ma_2.txt	allow_k0027	NUM	Outpatient Facility - Other - Manual Allowed PMPM(MA Allowed!K0027)
ma_2.txt	allow_k0028	NUM	Professional - Manual Allowed PMPM(MA Allowed!K0028)
ma_2.txt	allow_k0029	NUM	Part B Rx - Manual Allowed PMPM(MA Allowed!K0029)
ma_2.txt	allow_k0030	NUM	Other Medicare Covered - Manual Allowed PMPM(MA Allowed!K0030)
ma_2.txt	allow_k0031	NUM	Transportation (Non-Covered) - Manual Allowed PMPM(MA Allowed!K0031)
ma_2.txt	allow_k0032	NUM	Dental (Non-Covered) - Manual Allowed PMPM(MA Allowed!K0032)
ma_2.txt	allow_k0033	NUM	Vision (Non-Covered) - Manual Allowed PMPM(MA Allowed!K0033)
ma_2.txt	allow_k0034	NUM	Hearing (Non-Covered) - Manual Allowed PMPM(MA Allowed!K0034)
ma_2.txt	allow_k0035	NUM	Suppl. Ben. Chpt 4 - Manual Allowed PMPM(MA Allowed!K0035)
ma_2.txt	allow_k0036	NUM	Other Non-Covered - Manual Allowed PMPM(MA Allowed!K0036)
ma_2.txt	allow_k0037	NUM	COB/Subrg. Manual Allowed PMPM(MA Allowed!K0037)
ma_2.txt	allow_k0038	NUM	Total Medical Expenses Manual Allowed PMPM(MA Allowed!K0038)
ma_2.txt	allow_k0040	NUM	Subtotal Medicare-covered services Manual Allowed PMPM(MA Allowed!K0040)
ma_2.txt	allow_l0020	NUM	Inpatient Facility - Experience Credibility Percentage(MA Allowed!L0020)
ma_2.txt	allow_l0021	NUM	Skilled Nursing Facility - Experience Credibility Percentage(MA Allowed!L0021)
ma_2.txt	allow_l0022	NUM	Home Health - Experience Credibility Percentage(MA Allowed!L0022)
ma_2.txt	allow_l0023	NUM	Ambulance - Experience Credibility Percentage(MA Allowed!L0023)
ma_2.txt	allow_l0024	NUM	DME/Prosthetics/Diabetes - Experience Credibility Percentage(MA Allowed!L0024)
ma_2.txt	allow_l0025	NUM	Outpatient Facility - Emergency - Experience Credibility Percentage(MA Allowed!L0025)
ma_2.txt	allow_l0026	NUM	Outpatient Facility - Surgery - Experience Credibility Percentage(MA Allowed!L0026)
ma_2.txt	allow_l0027	NUM	Outpatient Facility - Other - Experience Credibility Percentage(MA Allowed!L0027)
ma_2.txt	allow_l0028	NUM	Professional - Experience Credibility Percentage(MA Allowed!L0028)
ma_2.txt	allow_l0029	NUM	Part B Rx - Experience Credibility Percentage(MA Allowed!L0029)
ma_2.txt	allow_l0030	NUM	Other Medicare Covered - Experience Credibility Percentage(MA Allowed!L0030)
ma_2.txt	allow_l0031	NUM	Transportation (Non-Covered) - Experience Credibility Percentage(MA Allowed!L0031)
ma_2.txt	allow_l0032	NUM	Dental (Non-Covered) - Experience Credibility Percentage(MA Allowed!L0032)
ma_2.txt	allow_l0033	NUM	Vision (Non-Covered) - Experience Credibility Percentage(MA Allowed!L0033)
ma_2.txt	allow_l0034	NUM	Hearing (Non-Covered) - Experience Credibility Percentage(MA Allowed!L0034)
ma_2.txt	allow_l0035	NUM	Suppl. Ben. Chpt 4 - Experience Credibility Percentage(MA Allowed!L0035)
ma_2.txt	allow_l0036	NUM	Other Non-Covered - Experience Credibility Percentage(MA Allowed!L0036)
ma_2.txt	allow_l0037	NUM	COB/Subrg. Experience Credibility Percentage(MA Allowed!L0037)
ma_2.txt	allow_l0038	NUM	Total Medical Expenses Experience Credibility Percentage(MA Allowed!L0038)
ma_2.txt	allow_l0039	NUM	CMS Guideline Credibility(MA Allowed!L0039)
ma_2.txt	allow_l0040	NUM	Subtotal Medicare-covered services Experience Credibility Percentage(MA Allowed!L0040)
ma_2.txt	allow_m0020	NUM	Inpatient Facility - Blended Rate Util/1000(MA Allowed!M0020)
ma_2.txt	allow_m0021	NUM	Skilled Nursing Facility - Blended Rate Util/1000(MA Allowed!M0021)
ma_2.txt	allow_m0022	NUM	Home Health - Blended Rate Util/1000(MA Allowed!M0022)
ma_2.txt	allow_m0023	NUM	Ambulance - Blended Rate Util/1000(MA Allowed!M0023)
ma_2.txt	allow_m0024	NUM	DME/Prosthetics/Diabetes - Blended Rate Util/1000(MA Allowed!M0024)
ma_2.txt	allow_m0025	NUM	Outpatient Facility - Emergency - Blended Rate Util/1000(MA Allowed!M0025)
ma_2.txt	allow_m0026	NUM	Outpatient Facility - Surgery - Blended Rate Util/1000(MA Allowed!M0026)
ma_2.txt	allow_m0027	NUM	Outpatient Facility - Other - Blended Rate Util/1000(MA Allowed!M0027)
ma_2.txt	allow_m0028	NUM	Professional - Blended Rate Util/1000(MA Allowed!M0028)
ma_2.txt	allow_m0029	NUM	Part B Rx - Blended Rate Util/1000(MA Allowed!M0029)
ma_2.txt	allow_m0030	NUM	Other Medicare Covered - Blended Rate Util/1000(MA Allowed!M0030)
ma_2.txt	allow_m0031	NUM	Transportation (Non-Covered) - Blended Rate Util/1000(MA Allowed!M0031)
ma_2.txt	allow_m0032	NUM	Dental (Non-Covered) - Blended Rate Util/1000(MA Allowed!M0032)
ma_2.txt	allow_m0033	NUM	Vision (Non-Covered) - Blended Rate Util/1000(MA Allowed!M0033)
ma_2.txt	allow_m0034	NUM	Hearing (Non-Covered) - Blended Rate Util/1000(MA Allowed!M0034)
ma_2.txt	allow_m0035	NUM	Suppl. Ben. Chpt 4 - Blended Rate Util/1000(MA Allowed!M0035)

ma_2.txt	allow_m0036	NUM	Other Non-Covered - Blended Rate Util/1000(MA Allowed!M0036)
ma_2.txt	allow_n0020	NUM	Inpatient Facility - Blended Rate Avg Cost per Unit (MA Allowed!N0020)
ma_2.txt	allow_n0021	NUM	Skilled Nursing Facility - Blended Rate Avg Cost per Unit (MA Allowed!N0021)
ma_2.txt	allow_n0022	NUM	Home Health - Blended Rate Avg Cost per Unit (MA Allowed!N0022)
ma_2.txt	allow_n0023	NUM	Ambulance - Blended Rate Avg Cost per Unit (MA Allowed!N0023)
ma_2.txt	allow_n0024	NUM	DME/Prosthetics/Diabetes - Blended Rate Avg Cost per Unit (MA Allowed!N0024)
ma_2.txt	allow_n0025	NUM	Outpatient Facility - Emergency - Blended Rate Avg Cost per Unit (MA Allowed!N0025)
ma_2.txt	allow_n0026	NUM	Outpatient Facility - Surgery - Blended Rate Avg Cost per Unit (MA Allowed!N0026)
ma_2.txt	allow_n0027	NUM	Outpatient Facility - Other - Blended Rate Avg Cost per Unit (MA Allowed!N0027)
ma_2.txt	allow_n0028	NUM	Professional - Blended Rate Avg Cost per Unit (MA Allowed!N0028)
ma_2.txt	allow_n0029	NUM	Part B Rx - Blended Rate Avg Cost per Unit (MA Allowed!N0029)
ma_2.txt	allow_n0030	NUM	Other Medicare Covered - Blended Rate Avg Cost per Unit (MA Allowed!N0030)
ma_2.txt	allow_n0031	NUM	Transportation (Non-Covered) - Blended Rate Avg Cost per Unit (MA Allowed!N0031)
ma_2.txt	allow_n0032	NUM	Dental (Non-Covered) - Blended Rate Avg Cost per Unit (MA Allowed!N0032)
ma_2.txt	allow_n0033	NUM	Vision (Non-Covered) - Blended Rate Avg Cost per Unit (MA Allowed!N0033)
ma_2.txt	allow_n0034	NUM	Hearing (Non-Covered) - Blended Rate Avg Cost per Unit (MA Allowed!N0034)
ma_2.txt	allow_n0035	NUM	Suppl. Ben. Chpt 4 - Blended Rate Avg Cost per Unit (MA Allowed!N0035)
ma_2.txt	allow_n0036	NUM	Other Non-Covered - Blended Rate Avg Cost per Unit (MA Allowed!N0036)
ma_2.txt	allow_o0013	NUM	Total Projected Member Months(MA Allowed!O0013)
ma_2.txt	allow_o0014	NUM	Total Projected Risk Factor(MA Allowed!O0014)
ma_2.txt	allow_o0020	NUM	Inpatient Facility - Contract Year Rate Total Allowed PMPM(MA Allowed!O0020)
ma_2.txt	allow_o0021	NUM	Skilled Nursing Facility - Contract Year Rate Total Allowed PMPM(MA Allowed!O0021)
ma_2.txt	allow_o0022	NUM	Home Health - Contract Year Rate Total Allowed PMPM(MA Allowed!O0022)
ma_2.txt	allow_o0023	NUM	Ambulance - Contract Year Rate Total Allowed PMPM(MA Allowed!O0023)
ma_2.txt	allow_o0024	NUM	DME/Prosthetics/Diabetes - Contract Year Rate Total Allowed PMPM(MA Allowed!O0024)
ma_2.txt	allow_o0025	NUM	Outpatient Facility - Emergency - Contract Year Rate Total Allowed PMPM(MA Allowed!O0025)
ma_2.txt	allow_o0026	NUM	Outpatient Facility - Surgery - Contract Year Rate Total Allowed PMPM(MA Allowed!O0026)
ma_2.txt	allow_o0027	NUM	Outpatient Facility - Other - Contract Year Rate Total Allowed PMPM(MA Allowed!O0027)
ma_2.txt	allow_o0028	NUM	Professional - Contract Year Rate Total Allowed PMPM(MA Allowed!O0028)
ma_2.txt	allow_o0029	NUM	Part B Rx - Contract Year Rate Total Allowed PMPM(MA Allowed!O0029)
ma_2.txt	allow_o0030	NUM	Other Medicare Covered - Contract Year Rate Total Allowed PMPM(MA Allowed!O0030)
ma_2.txt	allow_o0031	NUM	Transportation (Non-Covered) - Contract Year Rate Total Allowed PMPM(MA Allowed!O0031)
ma_2.txt	allow_o0032	NUM	Dental (Non-Covered) - Contract Year Rate Total Allowed PMPM(MA Allowed!O0032)
ma_2.txt	allow_o0033	NUM	Vision (Non-Covered) - Contract Year Rate Total Allowed PMPM(MA Allowed!O0033)
ma_2.txt	allow_o0034	NUM	Hearing (Non-Covered) - Contract Year Rate Total Allowed PMPM(MA Allowed!O0034)
ma_2.txt	allow_o0035	NUM	Suppl. Ben. Chpt 4 - Contract Year Rate Total Allowed PMPM(MA Allowed!O0035)
ma_2.txt	allow_o0036	NUM	Other Non-Covered - Contract Year Rate Total Allowed PMPM(MA Allowed!O0036)
ma_2.txt	allow_o0037	NUM	COB/Subrg. Contract Year Rate Total Allowed PMPM(MA Allowed!O0037)
ma_2.txt	allow_o0038	NUM	Total Medical Expenses - Contract Year Total Allowed PMPM(MA Allowed!O0038)
ma_2.txt	allow_o0040	NUM	Subtotal Medicare-covered services Contract Year Total Allowed PMPM(MA Allowed!O0040)
ma_2.txt	allow_p0013	NUM	Non-DE# Projected Member Months(MA Allowed!P0013)
ma_2.txt	allow_p0014	NUM	Non-DE# Projected Risk Factor(MA Allowed!P0014)
ma_2.txt	allow_p0020	NUM	Inpatient Facility - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0020)
ma_2.txt	allow_p0021	NUM	Skilled Nursing Facility - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0021)
ma_2.txt	allow_p0022	NUM	Home Health - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0022)
ma_2.txt	allow_p0023	NUM	Ambulance - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0023)
ma_2.txt	allow_p0024	NUM	DME/Prosthetics/Diabetes - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0024)
ma_2.txt	allow_p0025	NUM	Outpatient Facility - Emergency - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0025)
ma_2.txt	allow_p0026	NUM	Outpatient Facility - Surgery - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0026)
ma_2.txt	allow_p0027	NUM	Outpatient Facility - Other - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0027)
ma_2.txt	allow_p0028	NUM	Professional - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0028)
ma_2.txt	allow_p0029	NUM	Part B Rx - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0029)
ma_2.txt	allow_p0030	NUM	Other Medicare Covered - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0030)
ma_2.txt	allow_p0031	NUM	Transportation (Non-Covered) - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0031)
ma_2.txt	allow_p0032	NUM	Dental (Non-Covered) - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0032)
ma_2.txt	allow_p0033	NUM	Vision (Non-Covered) - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0033)
ma_2.txt	allow_p0034	NUM	Hearing (Non-Covered) - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0034)
ma_2.txt	allow_p0035	NUM	Suppl. Ben. Chpt 4 - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0035)
ma_2.txt	allow_p0036	NUM	Other Non-Covered - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0036)
ma_2.txt	allow_p0037	NUM	COB/Subrg. Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!P0037)
ma_2.txt	allow_p0038	NUM	Total Medical Expenses - Contract Year Non-DE# Allowed PMPM(MA Allowed!P0038)
ma_2.txt	allow_p0040	NUM	Subtotal Medicare-covered services Contract Year Non-DE# Allowed PMPM(MA Allowed!P0040)
ma_2.txt	allow_q0013	NUM	DE# Projected Member Months(MA Allowed!Q0013)
ma_2.txt	allow_q0014	NUM	DE# Projected Risk Factor(MA Allowed!Q0014)
ma_2.txt	allow_q0020	NUM	Inpatient Facility - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0020)
ma_2.txt	allow_q0021	NUM	Skilled Nursing Facility - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0021)
ma_2.txt	allow_q0022	NUM	Home Health - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0022)
ma_2.txt	allow_q0023	NUM	Ambulance - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0023)
ma_2.txt	allow_q0024	NUM	DME/Prosthetics/Diabetes - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0024)
ma_2.txt	allow_q0025	NUM	Outpatient Facility - Emergency - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0025)
ma_2.txt	allow_q0026	NUM	Outpatient Facility - Surgery - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0026)
ma_2.txt	allow_q0027	NUM	Outpatient Facility - Other - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0027)
ma_2.txt	allow_q0028	NUM	Professional - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0028)
ma_2.txt	allow_q0029	NUM	Part B Rx - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0029)
ma_2.txt	allow_q0030	NUM	Other Medicare Covered - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0030)
ma_2.txt	allow_q0031	NUM	Transportation (Non-Covered) - Contract Year Rate Non-DE# Allowed PMPM(MA Allowed!Q0031)
ma_2.txt	allow_q0032	NUM	Dental (Non-Covered) - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0032)
ma_2.txt	allow_q0033	NUM	Vision (Non-Covered) - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0033)
ma_2.txt	allow_q0034	NUM	Hearing (Non-Covered) - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0034)
ma_2.txt	allow_q0035	NUM	Suppl. Ben. Chpt 4 - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0035)
ma_2.txt	allow_q0036	NUM	Other Non-Covered - Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0036)
ma_2.txt	allow_q0037	NUM	COB/Subrg. Contract Year Rate DE# Allowed PMPM(MA Allowed!Q0037)
ma_2.txt	allow_q0038	NUM	Total Medical Expenses - Contract Year DE# Allowed PMPM(MA Allowed!Q0038)
ma_2.txt	allow_q0040	NUM	Subtotal Medicare-covered services Contract Year DE# Allowed PMPM(MA Allowed!Q0040)
ma_2.txt	allow_r0020	NUM	% of Inpatient Facility Svcs Provided OON(MA Allowed!R0020)
ma_2.txt	allow_r0021	NUM	% of Skilled Nursing Facility Svcs Provided OON(MA Allowed!R0021)
ma_2.txt	allow_r0022	NUM	% of Home Health Svcs Provided OON(MA Allowed!R0022)
ma_2.txt	allow_r0023	NUM	% of Ambulance Svcs Provided OON(MA Allowed!R0023)

ma_2.txt	allow_r0024	NUM	% of DME/Prosthetics/Diabetes Svcs Provided OON(MA Allowed!R0024)
ma_2.txt	allow_r0025	NUM	% of OP Facility - Emergency Svcs Provided OON(MA Allowed!R0025)
ma_2.txt	allow_r0026	NUM	% of OP Facility - Surgery Svcs Provided OON(MA Allowed!R0026)
ma_2.txt	allow_r0027	NUM	% of OP Facility - Other Svcs Provided OON(MA Allowed!R0027)
ma_2.txt	allow_r0028	NUM	% of Professional Svcs Provided OON(MA Allowed!R0028)
ma_2.txt	allow_r0029	NUM	% of Part B Rx Svcs Provided OON(MA Allowed!R0029)
ma_2.txt	allow_r0030	NUM	% of Other Medicare Covered Svcs Provided OON(MA Allowed!R0030)
ma_2.txt	allow_r0031	NUM	% of Transportation (Non-Covered) Svcs Provided OON(MA Allowed!R0031)
ma_2.txt	allow_r0032	NUM	% of Dental (Non-Covered) Svcs Provided OON(MA Allowed!R0032)
ma_2.txt	allow_r0033	NUM	% of Vision (Non-Covered) Svcs Provided OON(MA Allowed!R0033)
ma_2.txt	allow_r0034	NUM	% of Hearing (Non-Covered) Svcs Provided OON(MA Allowed!R0034)
ma_2.txt	allow_r0035	NUM	% of Suppl. Ben. Chpt 4 Svcs Provided OON(MA Allowed!R0035)
ma_2.txt	allow_r0036	NUM	% of Other Non-Covered Svcs Provided OON(MA Allowed!R0036)
ma_2.txt	allow_r0037	NUM	% of COB/Subrg. Svcs Provided OON(MA Allowed!R0037)
ma_2.txt	allow_r0038	NUM	% of Total Medical Expenses Svcs Provided OON(MA Allowed!R0038)
ma_2.txt	allow_r0040	NUM	% of Subtotal Medicare-covered Svcs Provided OON(MA Allowed!R0040)
ma_3.txt	contract_year	CHAR	Contract Year (2018)
ma_3.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
ma_3.txt	version	NUM	Version Number
ma_3.txt	base_g0005	CHAR	Organization Name(MA Base!G0005)
ma_3.txt	base_g0007	CHAR	Plan Type(MA Base!G0007)
ma_3.txt	base_g0008	CHAR	MA-PD(MA Base!G0008)
ma_3.txt	base_k0005	CHAR	Enrollee Type(MA Base!K0005)
ma_3.txt	base_k0008	CHAR	SNP Indicator(MA Base!K0008)
ma_3.txt	base_o0005	CHAR	Region Name(MA Base!O0005)
ma_3.txt	cs_b0055	CHAR	Service Category Label #31(MA Cost Sh!B0055)
ma_3.txt	cs_b0056	CHAR	Service Category Label #32(MA Cost Sh!B0056)
ma_3.txt	cs_b0057	CHAR	Service Category Label #33(MA Cost Sh!B0057)
ma_3.txt	cs_b0058	CHAR	Service Category Label #34(MA Cost Sh!B0058)
ma_3.txt	cs_b0059	CHAR	Service Category Label #35(MA Cost Sh!B0059)
ma_3.txt	cs_b0060	CHAR	Service Category Label #36(MA Cost Sh!B0060)
ma_3.txt	cs_b0061	CHAR	Service Category Label #37(MA Cost Sh!B0061)
ma_3.txt	cs_b0062	CHAR	Service Category Label #38(MA Cost Sh!B0062)
ma_3.txt	cs_b0063	CHAR	Service Category Label #39(MA Cost Sh!B0063)
ma_3.txt	cs_b0064	CHAR	Service Category Label #40(MA Cost Sh!B0064)
ma_3.txt	cs_c0055	CHAR	Service Category Name #31(MA Cost Sh!C0055)
ma_3.txt	cs_c0056	CHAR	Service Category Name #32(MA Cost Sh!C0056)
ma_3.txt	cs_c0057	CHAR	Service Category Name #33(MA Cost Sh!C0057)
ma_3.txt	cs_c0058	CHAR	Service Category Name #34(MA Cost Sh!C0058)
ma_3.txt	cs_c0059	CHAR	Service Category Name #35(MA Cost Sh!C0059)
ma_3.txt	cs_c0060	CHAR	Service Category Name #36(MA Cost Sh!C0060)
ma_3.txt	cs_c0061	CHAR	Service Category Name #37(MA Cost Sh!C0061)
ma_3.txt	cs_c0062	CHAR	Service Category Name #38(MA Cost Sh!C0062)
ma_3.txt	cs_c0063	CHAR	Service Category Name #39(MA Cost Sh!C0063)
ma_3.txt	cs_c0064	CHAR	Service Category Name #40(MA Cost Sh!C0064)
ma_3.txt	cs_d0055	CHAR	Desc-Note 31(MA Cost Sh!D0055)
ma_3.txt	cs_d0056	CHAR	Desc-Note 32(MA Cost Sh!D0056)
ma_3.txt	cs_d0057	CHAR	Desc-Note 33(MA Cost Sh!D0057)
ma_3.txt	cs_d0058	CHAR	Desc-Note 34(MA Cost Sh!D0058)
ma_3.txt	cs_d0059	CHAR	Desc-Note 35(MA Cost Sh!D0059)
ma_3.txt	cs_d0060	CHAR	Desc-Note 36(MA Cost Sh!D0060)
ma_3.txt	cs_d0061	CHAR	Desc-Note 37(MA Cost Sh!D0061)
ma_3.txt	cs_d0062	CHAR	Desc-Note 38(MA Cost Sh!D0062)
ma_3.txt	cs_d0063	CHAR	Desc-Note 39(MA Cost Sh!D0063)
ma_3.txt	cs_d0064	CHAR	Desc-Note 40(MA Cost Sh!D0064)
ma_3.txt	cs_e0025	CHAR	Measurement Unit 1(MA Cost Sh!E0025)
ma_3.txt	cs_e0026	CHAR	Measurement Unit 2(MA Cost Sh!E0026)
ma_3.txt	cs_e0027	CHAR	Measurement Unit 3(MA Cost Sh!E0027)
ma_3.txt	cs_e0028	CHAR	Measurement Unit 4(MA Cost Sh!E0028)
ma_3.txt	cs_e0029	CHAR	Measurement Unit 5(MA Cost Sh!E0029)
ma_3.txt	cs_e0030	CHAR	Measurement Unit 6(MA Cost Sh!E0030)
ma_3.txt	cs_e0031	CHAR	Measurement Unit 7(MA Cost Sh!E0031)
ma_3.txt	cs_e0032	CHAR	Measurement Unit 8(MA Cost Sh!E0032)
ma_3.txt	cs_e0033	CHAR	Measurement Unit 9(MA Cost Sh!E0033)
ma_3.txt	cs_e0034	CHAR	Measurement Unit 10(MA Cost Sh!E0034)
ma_3.txt	cs_e0035	CHAR	Measurement Unit 11(MA Cost Sh!E0035)
ma_3.txt	cs_e0036	CHAR	Measurement Unit 12(MA Cost Sh!E0036)
ma_3.txt	cs_e0037	CHAR	Measurement Unit 13(MA Cost Sh!E0037)
ma_3.txt	cs_e0038	CHAR	Measurement Unit 14(MA Cost Sh!E0038)
ma_3.txt	cs_e0039	CHAR	Measurement Unit 15(MA Cost Sh!E0039)
ma_3.txt	cs_e0040	CHAR	Measurement Unit 16(MA Cost Sh!E0040)
ma_3.txt	cs_e0041	CHAR	Measurement Unit 17(MA Cost Sh!E0041)
ma_3.txt	cs_e0042	CHAR	Measurement Unit 18(MA Cost Sh!E0042)
ma_3.txt	cs_e0043	CHAR	Measurement Unit 19(MA Cost Sh!E0043)
ma_3.txt	cs_e0044	CHAR	Measurement Unit 20(MA Cost Sh!E0044)
ma_3.txt	cs_e0045	CHAR	Measurement Unit 21(MA Cost Sh!E0045)
ma_3.txt	cs_e0046	CHAR	Measurement Unit 22(MA Cost Sh!E0046)
ma_3.txt	cs_e0047	CHAR	Measurement Unit 23(MA Cost Sh!E0047)
ma_3.txt	cs_e0048	CHAR	Measurement Unit 24(MA Cost Sh!E0048)
ma_3.txt	cs_e0049	CHAR	Measurement Unit 25(MA Cost Sh!E0049)
ma_3.txt	cs_e0050	CHAR	Measurement Unit 26(MA Cost Sh!E0050)
ma_3.txt	cs_e0051	CHAR	Measurement Unit 27(MA Cost Sh!E0051)
ma_3.txt	cs_e0052	CHAR	Measurement Unit 28(MA Cost Sh!E0052)
ma_3.txt	cs_e0053	CHAR	Measurement Unit 29(MA Cost Sh!E0053)
ma_3.txt	cs_e0054	CHAR	Measurement Unit 30(MA Cost Sh!E0054)
ma_3.txt	cs_e0055	CHAR	Measurement Unit 31(MA Cost Sh!E0055)
ma_3.txt	cs_e0056	CHAR	Measurement Unit 32(MA Cost Sh!E0056)
ma_3.txt	cs_e0057	CHAR	Measurement Unit 33(MA Cost Sh!E0057)

ma_3.txt	cs_e0058	CHAR	Measurement Unit 34(MA Cost ShIE0058)
ma_3.txt	cs_e0059	CHAR	Measurement Unit 35(MA Cost ShIE0059)
ma_3.txt	cs_e0060	CHAR	Measurement Unit 36(MA Cost ShIE0060)
ma_3.txt	cs_e0061	CHAR	Measurement Unit 37(MA Cost ShIE0061)
ma_3.txt	cs_e0062	CHAR	Measurement Unit 38(MA Cost ShIE0062)
ma_3.txt	cs_e0063	CHAR	Measurement Unit 39(MA Cost ShIE0063)
ma_3.txt	cs_e0064	CHAR	Measurement Unit 40(MA Cost ShIE0064)
ma_3.txt	cs_f0025	NUM	Deductible PMPM 1(MA Cost ShIF0025)
ma_3.txt	cs_f0026	NUM	Deductible PMPM 2(MA Cost ShIF0026)
ma_3.txt	cs_f0027	NUM	Deductible PMPM 3(MA Cost ShIF0027)
ma_3.txt	cs_f0028	NUM	Deductible PMPM 4(MA Cost ShIF0028)
ma_3.txt	cs_f0029	NUM	Deductible PMPM 5(MA Cost ShIF0029)
ma_3.txt	cs_f0030	NUM	Deductible PMPM 6(MA Cost ShIF0030)
ma_3.txt	cs_f0031	NUM	Deductible PMPM 7(MA Cost ShIF0031)
ma_3.txt	cs_f0032	NUM	Deductible PMPM 8(MA Cost ShIF0032)
ma_3.txt	cs_f0033	NUM	Deductible PMPM 9(MA Cost ShIF0033)
ma_3.txt	cs_f0034	NUM	Deductible PMPM 10(MA Cost ShIF0034)
ma_3.txt	cs_f0035	NUM	Deductible PMPM 11(MA Cost ShIF0035)
ma_3.txt	cs_f0036	NUM	Deductible PMPM 12(MA Cost ShIF0036)
ma_3.txt	cs_f0037	NUM	Deductible PMPM 13(MA Cost ShIF0037)
ma_3.txt	cs_f0038	NUM	Deductible PMPM 14(MA Cost ShIF0038)
ma_3.txt	cs_f0039	NUM	Deductible PMPM 15(MA Cost ShIF0039)
ma_3.txt	cs_f0040	NUM	Deductible PMPM 16(MA Cost ShIF0040)
ma_3.txt	cs_f0041	NUM	Deductible PMPM 17(MA Cost ShIF0041)
ma_3.txt	cs_f0042	NUM	Deductible PMPM 18(MA Cost ShIF0042)
ma_3.txt	cs_f0043	NUM	Deductible PMPM 19(MA Cost ShIF0043)
ma_3.txt	cs_f0044	NUM	Deductible PMPM 20(MA Cost ShIF0044)
ma_3.txt	cs_f0045	NUM	Deductible PMPM 21(MA Cost ShIF0045)
ma_3.txt	cs_f0046	NUM	Deductible PMPM 22(MA Cost ShIF0046)
ma_3.txt	cs_f0047	NUM	Deductible PMPM 23(MA Cost ShIF0047)
ma_3.txt	cs_f0048	NUM	Deductible PMPM 24(MA Cost ShIF0048)
ma_3.txt	cs_f0049	NUM	Deductible PMPM 25(MA Cost ShIF0049)
ma_3.txt	cs_f0050	NUM	Deductible PMPM 26(MA Cost ShIF0050)
ma_3.txt	cs_f0051	NUM	Deductible PMPM 27(MA Cost ShIF0051)
ma_3.txt	cs_f0052	NUM	Deductible PMPM 28(MA Cost ShIF0052)
ma_3.txt	cs_f0053	NUM	Deductible PMPM 29(MA Cost ShIF0053)
ma_3.txt	cs_f0054	NUM	Deductible PMPM 30(MA Cost ShIF0054)
ma_3.txt	cs_f0055	NUM	Deductible PMPM 31(MA Cost ShIF0055)
ma_3.txt	cs_f0056	NUM	Deductible PMPM 32(MA Cost ShIF0056)
ma_3.txt	cs_f0057	NUM	Deductible PMPM 33(MA Cost ShIF0057)
ma_3.txt	cs_f0058	NUM	Deductible PMPM 34(MA Cost ShIF0058)
ma_3.txt	cs_f0059	NUM	Deductible PMPM 35(MA Cost ShIF0059)
ma_3.txt	cs_f0060	NUM	Deductible PMPM 36(MA Cost ShIF0060)
ma_3.txt	cs_f0061	NUM	Deductible PMPM 37(MA Cost ShIF0061)
ma_3.txt	cs_f0062	NUM	Deductible PMPM 38(MA Cost ShIF0062)
ma_3.txt	cs_f0063	NUM	Deductible PMPM 39(MA Cost ShIF0063)
ma_3.txt	cs_f0064	NUM	Deductible PMPM 40(MA Cost ShIF0064)
ma_3.txt	cs_f0065	NUM	In-network Plan Deductible PMPM Total(MA Cost ShIF0065)
ma_3.txt	cs_g0012	CHAR	Plan Level OOP Maximum In Network(MA Cost ShIG0012)
ma_3.txt	cs_g0025	NUM	In-Network Util/1000 or PMPM 1(MA Cost ShIG0025)
ma_3.txt	cs_g0026	NUM	In-Network Util/1000 or PMPM 2(MA Cost ShIG0026)
ma_3.txt	cs_g0027	NUM	In-Network Util/1000 or PMPM 3(MA Cost ShIG0027)
ma_3.txt	cs_g0028	NUM	In-Network Util/1000 or PMPM 4(MA Cost ShIG0028)
ma_3.txt	cs_g0029	NUM	In-Network Util/1000 or PMPM 5(MA Cost ShIG0029)
ma_3.txt	cs_g0030	NUM	In-Network Util/1000 or PMPM 6(MA Cost ShIG0030)
ma_3.txt	cs_g0031	NUM	In-Network Util/1000 or PMPM 7(MA Cost ShIG0031)
ma_3.txt	cs_g0032	NUM	In-Network Util/1000 or PMPM 8(MA Cost ShIG0032)
ma_3.txt	cs_g0033	NUM	In-Network Util/1000 or PMPM 9(MA Cost ShIG0033)
ma_3.txt	cs_g0034	NUM	In-Network Util/1000 or PMPM 10(MA Cost ShIG0034)
ma_3.txt	cs_g0035	NUM	In-Network Util/1000 or PMPM 11(MA Cost ShIG0035)
ma_3.txt	cs_g0036	NUM	In-Network Util/1000 or PMPM 12(MA Cost ShIG0036)
ma_3.txt	cs_g0037	NUM	In-Network Util/1000 or PMPM 13(MA Cost ShIG0037)
ma_3.txt	cs_g0038	NUM	In-Network Util/1000 or PMPM 14(MA Cost ShIG0038)
ma_3.txt	cs_g0039	NUM	In-Network Util/1000 or PMPM 15(MA Cost ShIG0039)
ma_3.txt	cs_g0040	NUM	In-Network Util/1000 or PMPM 16(MA Cost ShIG0040)
ma_3.txt	cs_g0041	NUM	In-Network Util/1000 or PMPM 17(MA Cost ShIG0041)
ma_3.txt	cs_g0042	NUM	In-Network Util/1000 or PMPM 18(MA Cost ShIG0042)
ma_3.txt	cs_g0043	NUM	In-Network Util/1000 or PMPM 19(MA Cost ShIG0043)
ma_3.txt	cs_g0044	NUM	In-Network Util/1000 or PMPM 20(MA Cost ShIG0044)
ma_3.txt	cs_g0045	NUM	In-Network Util/1000 or PMPM 21(MA Cost ShIG0045)
ma_3.txt	cs_g0046	NUM	In-Network Util/1000 or PMPM 22(MA Cost ShIG0046)
ma_3.txt	cs_g0047	NUM	In-Network Util/1000 or PMPM 23(MA Cost ShIG0047)
ma_3.txt	cs_g0048	NUM	In-Network Util/1000 or PMPM 24(MA Cost ShIG0048)
ma_3.txt	cs_g0049	NUM	In-Network Util/1000 or PMPM 25(MA Cost ShIG0049)
ma_3.txt	cs_g0050	NUM	In-Network Util/1000 or PMPM 26(MA Cost ShIG0050)
ma_3.txt	cs_g0051	NUM	In-Network Util/1000 or PMPM 27(MA Cost ShIG0051)
ma_3.txt	cs_g0052	NUM	In-Network Util/1000 or PMPM 28(MA Cost ShIG0052)
ma_3.txt	cs_g0053	NUM	In-Network Util/1000 or PMPM 29(MA Cost ShIG0053)
ma_3.txt	cs_g0054	NUM	In-Network Util/1000 or PMPM 30(MA Cost ShIG0054)
ma_3.txt	cs_g0055	NUM	In-Network Util/1000 or PMPM 31(MA Cost ShIG0055)
ma_3.txt	cs_g0056	NUM	In-Network Util/1000 or PMPM 32(MA Cost ShIG0056)
ma_3.txt	cs_g0057	NUM	In-Network Util/1000 or PMPM 33(MA Cost ShIG0057)
ma_3.txt	cs_g0058	NUM	In-Network Util/1000 or PMPM 34(MA Cost ShIG0058)
ma_3.txt	cs_g0059	NUM	In-Network Util/1000 or PMPM 35(MA Cost ShIG0059)
ma_3.txt	cs_g0060	NUM	In-Network Util/1000 or PMPM 36(MA Cost ShIG0060)
ma_3.txt	cs_g0061	NUM	In-Network Util/1000 or PMPM 37(MA Cost ShIG0061)
ma_3.txt	cs_g0062	NUM	In-Network Util/1000 or PMPM 38(MA Cost ShIG0062)
ma_3.txt	cs_g0063	NUM	In-Network Util/1000 or PMPM 39(MA Cost ShIG0063)

[illegible]

ma_3.txt	cs_j0029	NUM	In-Network Effective Copay/Coin After OOP Max 5(MA Cost ShIj0029)
ma_3.txt	cs_j0030	NUM	In-Network Effective Copay/Coin After OOP Max 6(MA Cost ShIj0030)
ma_3.txt	cs_j0031	NUM	In-Network Effective Copay/Coin After OOP Max 7(MA Cost ShIj0031)
ma_3.txt	cs_j0032	NUM	In-Network Effective Copay/Coin After OOP Max 8(MA Cost ShIj0032)
ma_3.txt	cs_j0033	NUM	In-Network Effective Copay/Coin After OOP Max 9(MA Cost ShIj0033)
ma_3.txt	cs_j0034	NUM	In-Network Effective Copay/Coin After OOP Max 10(MA Cost ShIj0034)
ma_3.txt	cs_j0035	NUM	In-Network Effective Copay/Coin After OOP Max 11(MA Cost ShIj0035)
ma_3.txt	cs_j0036	NUM	In-Network Effective Copay/Coin After OOP Max 12(MA Cost ShIj0036)
ma_3.txt	cs_j0037	NUM	In-Network Effective Copay/Coin After OOP Max 13(MA Cost ShIj0037)
ma_3.txt	cs_j0038	NUM	In-Network Effective Copay/Coin After OOP Max 14(MA Cost ShIj0038)
ma_3.txt	cs_j0039	NUM	In-Network Effective Copay/Coin After OOP Max 15(MA Cost ShIj0039)
ma_3.txt	cs_j0040	NUM	In-Network Effective Copay/Coin After OOP Max 16(MA Cost ShIj0040)
ma_3.txt	cs_j0041	NUM	In-Network Effective Copay/Coin After OOP Max 17(MA Cost ShIj0041)
ma_3.txt	cs_j0042	NUM	In-Network Effective Copay/Coin After OOP Max 18(MA Cost ShIj0042)
ma_3.txt	cs_j0043	NUM	In-Network Effective Copay/Coin After OOP Max 19(MA Cost ShIj0043)
ma_3.txt	cs_j0044	NUM	In-Network Effective Copay/Coin After OOP Max 20(MA Cost ShIj0044)
ma_3.txt	cs_j0045	NUM	In-Network Effective Copay/Coin After OOP Max 21(MA Cost ShIj0045)
ma_3.txt	cs_j0046	NUM	In-Network Effective Copay/Coin After OOP Max 22(MA Cost ShIj0046)
ma_3.txt	cs_j0047	NUM	In-Network Effective Copay/Coin After OOP Max 23(MA Cost ShIj0047)
ma_3.txt	cs_j0048	NUM	In-Network Effective Copay/Coin After OOP Max 24(MA Cost ShIj0048)
ma_3.txt	cs_j0049	NUM	In-Network Effective Copay/Coin After OOP Max 25(MA Cost ShIj0049)
ma_3.txt	cs_j0050	NUM	In-Network Effective Copay/Coin After OOP Max 26(MA Cost ShIj0050)
ma_3.txt	cs_j0051	NUM	In-Network Effective Copay/Coin After OOP Max 27(MA Cost ShIj0051)
ma_3.txt	cs_j0052	NUM	In-Network Effective Copay/Coin After OOP Max 28(MA Cost ShIj0052)
ma_3.txt	cs_j0053	NUM	In-Network Effective Copay/Coin After OOP Max 29(MA Cost ShIj0053)
ma_3.txt	cs_j0054	NUM	In-Network Effective Copay/Coin After OOP Max 30(MA Cost ShIj0054)
ma_3.txt	cs_j0055	NUM	In-Network Effective Copay/Coin After OOP Max 31(MA Cost ShIj0055)
ma_3.txt	cs_j0056	NUM	In-Network Effective Copay/Coin After OOP Max 32(MA Cost ShIj0056)
ma_3.txt	cs_j0057	NUM	In-Network Effective Copay/Coin After OOP Max 33(MA Cost ShIj0057)
ma_3.txt	cs_j0058	NUM	In-Network Effective Copay/Coin After OOP Max 34(MA Cost ShIj0058)
ma_3.txt	cs_j0059	NUM	In-Network Effective Copay/Coin After OOP Max 35(MA Cost ShIj0059)
ma_3.txt	cs_j0060	NUM	In-Network Effective Copay/Coin After OOP Max 36(MA Cost ShIj0060)
ma_3.txt	cs_j0061	NUM	In-Network Effective Copay/Coin After OOP Max 37(MA Cost ShIj0061)
ma_3.txt	cs_j0062	NUM	In-Network Effective Copay/Coin After OOP Max 38(MA Cost ShIj0062)
ma_3.txt	cs_j0063	NUM	In-Network Effective Copay/Coin After OOP Max 39(MA Cost ShIj0063)
ma_3.txt	cs_j0064	NUM	In-Network Effective Copay/Coin After OOP Max 40(MA Cost ShIj0064)
ma_3.txt	cs_k0012	NUM	Plan Level OOP Maximum Out of Network Amount(MA Cost ShIj0012)
ma_3.txt	cs_k0025	NUM	In-Network PMPM 1(MA Cost ShIj0025)
ma_3.txt	cs_k0026	NUM	In-Network PMPM 2(MA Cost ShIj0026)
ma_3.txt	cs_k0027	NUM	In-Network PMPM 3(MA Cost ShIj0027)
ma_3.txt	cs_k0028	NUM	In-Network PMPM 4(MA Cost ShIj0028)
ma_3.txt	cs_k0029	NUM	In-Network PMPM 5(MA Cost ShIj0029)
ma_3.txt	cs_k0030	NUM	In-Network PMPM 6(MA Cost ShIj0030)
ma_3.txt	cs_k0031	NUM	In-Network PMPM 7(MA Cost ShIj0031)
ma_3.txt	cs_k0032	NUM	In-Network PMPM 8(MA Cost ShIj0032)
ma_3.txt	cs_k0033	NUM	In-Network PMPM 9(MA Cost ShIj0033)
ma_3.txt	cs_k0034	NUM	In-Network PMPM 10(MA Cost ShIj0034)
ma_3.txt	cs_k0035	NUM	In-Network PMPM 11(MA Cost ShIj0035)
ma_3.txt	cs_k0036	NUM	In-Network PMPM 12(MA Cost ShIj0036)
ma_3.txt	cs_k0037	NUM	In-Network PMPM 13(MA Cost ShIj0037)
ma_3.txt	cs_k0038	NUM	In-Network PMPM 14(MA Cost ShIj0038)
ma_3.txt	cs_k0039	NUM	In-Network PMPM 15(MA Cost ShIj0039)
ma_3.txt	cs_k0040	NUM	In-Network PMPM 16(MA Cost ShIj0040)
ma_3.txt	cs_k0041	NUM	In-Network PMPM 17(MA Cost ShIj0041)
ma_3.txt	cs_k0042	NUM	In-Network PMPM 18(MA Cost ShIj0042)
ma_3.txt	cs_k0043	NUM	In-Network PMPM 19(MA Cost ShIj0043)
ma_3.txt	cs_k0044	NUM	In-Network PMPM 20(MA Cost ShIj0044)
ma_3.txt	cs_k0045	NUM	In-Network PMPM 21(MA Cost ShIj0045)
ma_3.txt	cs_k0046	NUM	In-Network PMPM 22(MA Cost ShIj0046)
ma_3.txt	cs_k0047	NUM	In-Network PMPM 23(MA Cost ShIj0047)
ma_3.txt	cs_k0048	NUM	In-Network PMPM 24(MA Cost ShIj0048)
ma_3.txt	cs_k0049	NUM	In-Network PMPM 25(MA Cost ShIj0049)
ma_3.txt	cs_k0050	NUM	In-Network PMPM 26(MA Cost ShIj0050)
ma_3.txt	cs_k0051	NUM	In-Network PMPM 27(MA Cost ShIj0051)
ma_3.txt	cs_k0052	NUM	In-Network PMPM 28(MA Cost ShIj0052)
ma_3.txt	cs_k0053	NUM	In-Network PMPM 29(MA Cost ShIj0053)
ma_3.txt	cs_k0054	NUM	In-Network PMPM 30(MA Cost ShIj0054)
ma_3.txt	cs_k0055	NUM	In-Network PMPM 31(MA Cost ShIj0055)
ma_3.txt	cs_k0056	NUM	In-Network PMPM 32(MA Cost ShIj0056)
ma_3.txt	cs_k0057	NUM	In-Network PMPM 33(MA Cost ShIj0057)
ma_3.txt	cs_k0058	NUM	In-Network PMPM 34(MA Cost ShIj0058)
ma_3.txt	cs_k0059	NUM	In-Network PMPM 35(MA Cost ShIj0059)
ma_3.txt	cs_k0060	NUM	In-Network PMPM 36(MA Cost ShIj0060)
ma_3.txt	cs_k0061	NUM	In-Network PMPM 37(MA Cost ShIj0061)
ma_3.txt	cs_k0062	NUM	In-Network PMPM 38(MA Cost ShIj0062)
ma_3.txt	cs_k0063	NUM	In-Network PMPM 39(MA Cost ShIj0063)
ma_3.txt	cs_k0064	NUM	In-Network PMPM 40(MA Cost ShIj0064)
ma_3.txt	cs_k0065	NUM	In-Network PMPM Sub Total(MA Cost ShIj0065)
ma_3.txt	cs_k0066	CHAR	Actual in-network plan deductible:(MA Cost ShIj0066)
ma_3.txt	cs_k0068	NUM	PMPM impact of in-network OOP max:(MA Cost ShIj0068)
ma_3.txt	cs_i0025	NUM	Total In-Network Cost Share PMPM 1(MA Cost ShIj0025)
ma_3.txt	cs_i0026	NUM	Total In-Network Cost Share PMPM 2(MA Cost ShIj0026)
ma_3.txt	cs_i0027	NUM	Total In-Network Cost Share PMPM 3(MA Cost ShIj0027)
ma_3.txt	cs_i0028	NUM	Total In-Network Cost Share PMPM 4(MA Cost ShIj0028)
ma_3.txt	cs_i0029	NUM	Total In-Network Cost Share PMPM 5(MA Cost ShIj0029)
ma_3.txt	cs_i0030	NUM	Total In-Network Cost Share PMPM 6(MA Cost ShIj0030)
ma_3.txt	cs_i0031	NUM	Total In-Network Cost Share PMPM 7(MA Cost ShIj0031)
ma_3.txt	cs_i0032	NUM	Total In-Network Cost Share PMPM 8(MA Cost ShIj0032)

ma_3.txt	cs_s0037	CHAR	Mapping of PBP service catagories to BPT - PBP line 7i(MA Cost ShIS0037)
ma_3.txt	cs_s0038	CHAR	Mapping of PBP service catagories to BPT - PBP line 8a(MA Cost ShIS0038)
ma_3.txt	cs_s0039	CHAR	Mapping of PBP service catagories to BPT - PBP line 8b(MA Cost ShIS0039)
ma_3.txt	cs_s0040	CHAR	Mapping of PBP service catagories to BPT - PBP line 9a(MA Cost ShIS0040)
ma_3.txt	cs_s0041	CHAR	Mapping of PBP service catagories to BPT - PBP line 9b(MA Cost ShIS0041)
ma_3.txt	cs_s0042	CHAR	Mapping of PBP service catagories to BPT - PBP line 9c(MA Cost ShIS0042)
ma_3.txt	cs_s0043	CHAR	Mapping of PBP service catagories to BPT - PBP line 9d(MA Cost ShIS0043)
ma_3.txt	cs_s0044	CHAR	Mapping of PBP service catagories to BPT - PBP line 10a(MA Cost ShIS0044)
ma_3.txt	cs_s0045	CHAR	Mapping of PBP service catagories to BPT - PBP line 10b(MA Cost ShIS0045)
ma_3.txt	cs_s0046	CHAR	Mapping of PBP service catagories to BPT - PBP line 11a(MA Cost ShIS0046)
ma_3.txt	cs_s0047	CHAR	Mapping of PBP service catagories to BPT - PBP line 11b(MA Cost ShIS0047)
ma_3.txt	cs_s0048	CHAR	Mapping of PBP service catagories to BPT - PBP line 11c(MA Cost ShIS0048)
ma_3.txt	cs_s0049	CHAR	Mapping of PBP service catagories to BPT - PBP line 12(MA Cost ShIS0049)
ma_3.txt	cs_s0050	CHAR	Mapping of PBP service catagories to BPT - PBP line 13a(MA Cost ShIS0050)
ma_3.txt	cs_s0051	CHAR	Mapping of PBP service catagories to BPT - PBP line 13b(MA Cost ShIS0051)
ma_3.txt	cs_s0052	CHAR	Mapping of PBP service catagories to BPT - PBP line 13c(MA Cost ShIS0052)
ma_3.txt	cs_s0053	CHAR	Mapping of PBP service catagories to BPT - PBP line 13d, 13e and 13f(MA Cost ShIS0053)
ma_3.txt	cs_s0054	CHAR	Mapping of PBP service catagories to BPT - PBP line 13g, 13h(MA Cost ShIS0054)
ma_3.txt	cs_s0055	CHAR	Mapping of PBP service catagories to BPT - PBP line 14a(MA Cost ShIS0055)
ma_3.txt	cs_s0056	CHAR	Mapping of PBP service catagories to BPT - PBP line 14b(MA Cost ShIS0056)
ma_3.txt	cs_s0057	CHAR	Mapping of PBP service catagories to BPT - PBP line 14c(MA Cost ShIS0057)
ma_3.txt	cs_s0058	CHAR	Mapping of PBP service catagories to BPT - PBP line 14d(MA Cost ShIS0058)
ma_3.txt	cs_s0059	CHAR	Mapping of PBP service catagories to BPT - PBP line 14e(MA Cost ShIS0059)
ma_3.txt	cs_s0060	CHAR	Mapping of PBP service catagories to BPT - PBP line 15(MA Cost ShIS0060)
ma_3.txt	cs_s0061	CHAR	Mapping of PBP service catagories to BPT - PBP line 16a(MA Cost ShIS0061)
ma_3.txt	cs_s0062	CHAR	Mapping of PBP service catagories to BPT - PBP line 16b(MA Cost ShIS0062)
ma_3.txt	cs_s0063	CHAR	Mapping of PBP service catagories to BPT - PBP line 17a(MA Cost ShIS0063)
ma_3.txt	cs_s0064	CHAR	Mapping of PBP service catagories to BPT - PBP line 17b(MA Cost ShIS0064)
ma_3.txt	cs_s0065	CHAR	Mapping of PBP service catagories to BPT - PBP line 18a(MA Cost ShIS0065)
ma_3.txt	cs_s0066	CHAR	Mapping of PBP service catagories to BPT - PBP line 18b(MA Cost ShIS0066)
ma_3.txt	cs_s0067	CHAR	Mapping of PBP service catagories to BPT - PBP line 19a(MA Cost ShIS0067)
ma_3.txt	cs_s0068	CHAR	Mapping of PBP service catagories to BPT - PBP line 19b(MA Cost ShIS0068)
ma_4.txt	contract_year	CHAR	Contract Year (2018)
ma_4.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
ma_4.txt	version	NUM	Version Number
ma_4.txt	base_g0005	CHAR	Organization Name(MA BaseIG0005)
ma_4.txt	base_g0007	CHAR	Plan Type(MA BaseIG0007)
ma_4.txt	base_g0008	CHAR	MA-PD(MA BaseIG0008)
ma_4.txt	base_k0005	CHAR	Enrollee Type(MA BaseIK0005)
ma_4.txt	base_k0008	CHAR	SNP Indicator(MA BaseIK0008)
ma_4.txt	base_o0005	CHAR	Region Name(MA BaseIO0005)
ma_4.txt	req_rev_e0020	NUM	Non-DE# - Inpatient Facility - Total Benefits Allowed PMPM(MA Req RevIE0020)
ma_4.txt	req_rev_e0021	NUM	Non-DE# - Skilled Nursing Facility - Total Benefits Allowed PMPM(MA Req RevIE0021)
ma_4.txt	req_rev_e0022	NUM	Non-DE# - Home Health - Total Benefits Allowed PMPM(MA Req RevIE0022)
ma_4.txt	req_rev_e0023	NUM	Non-DE# - Ambulance - Total Benefits Allowed PMPM(MA Req RevIE0023)
ma_4.txt	req_rev_e0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - Total Benefits Allowed PMPM(MA Req RevIE0024)
ma_4.txt	req_rev_e0025	NUM	Non-DE# - Outpatient Facility - Emergency - Total Benefits Allowed PMPM(MA Req RevIE0025)
ma_4.txt	req_rev_e0026	NUM	Non-DE# - Outpatient Facility - Surgery - Total Benefits Allowed PMPM(MA Req RevIE0026)
ma_4.txt	req_rev_e0027	NUM	Non-DE# - Outpatient Facility - Other - Total Benefits Allowed PMPM(MA Req RevIE0027)
ma_4.txt	req_rev_e0028	NUM	Non-DE# - Professional - Total Benefits Allowed PMPM(MA Req RevIE0028)
ma_4.txt	req_rev_e0029	NUM	Non-DE# - Part B Rx - Total Benefits Allowed PMPM(MA Req RevIE0029)
ma_4.txt	req_rev_e0030	NUM	Non-DE# - Other Medicare Part B - Total Benefits Allowed PMPM(MA Req RevIE0030)
ma_4.txt	req_rev_e0031	NUM	Non-DE# - Transportation (Non-Covered) - Total Benefits Allowed PMPM(MA Req RevIE0031)
ma_4.txt	req_rev_e0032	NUM	Non-DE# - Dental (Non-Covered) - Total Benefits Allowed PMPM(MA Req RevIE0032)
ma_4.txt	req_rev_e0033	NUM	Non-DE# - Vision (Non-Covered) - Total Benefits Allowed PMPM(MA Req RevIE0033)
ma_4.txt	req_rev_e0034	NUM	Non-DE# - Hearing (Non-Covered) - Total Benefits Allowed PMPM(MA Req RevIE0034)
ma_4.txt	req_rev_e0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Total Benefits Allowed PMPM(MA Req RevIE0035)
ma_4.txt	req_rev_e0036	NUM	Non-DE# - Other Non-Covered - Total Benefits Allowed PMPM(MA Req RevIE0036)
ma_4.txt	req_rev_e0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - Total Benefits Allowed PMPM(MA Req RevIE0037)
ma_4.txt	req_rev_e0038	NUM	Non-DE# - Total Medical Expenses - Total Benefits Allowed PMPM(MA Req RevIE0038)
ma_4.txt	req_rev_e0049	NUM	DE# - Inpatient Facility - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0049)
ma_4.txt	req_rev_e0050	NUM	DE# - Skilled Nursing Facility - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0050)
ma_4.txt	req_rev_e0051	NUM	DE# - Home Health - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0051)
ma_4.txt	req_rev_e0052	NUM	DE# - Ambulance - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0052)
ma_4.txt	req_rev_e0053	NUM	DE# - DME/Prosthetics/Diabetes - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0053)
ma_4.txt	req_rev_e0054	NUM	DE# - Outpatient Facility - Emergency - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0054)
ma_4.txt	req_rev_e0055	NUM	DE# - Outpatient Facility - Surgery - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0055)
ma_4.txt	req_rev_e0056	NUM	DE# - Outpatient Facility - Other - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0056)
ma_4.txt	req_rev_e0057	NUM	DE# - Professional - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0057)
ma_4.txt	req_rev_e0058	NUM	DE# - Part B Rx - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0058)
ma_4.txt	req_rev_e0059	NUM	DE# - Other Medicare Part B - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0059)
ma_4.txt	req_rev_e0060	NUM	DE# - Transportation (Non-Covered) - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0060)
ma_4.txt	req_rev_e0061	NUM	DE# - Dental (Non-Covered) - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0061)
ma_4.txt	req_rev_e0062	NUM	DE# - Vision (Non-Covered) - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0062)
ma_4.txt	req_rev_e0063	NUM	DE# - Hearing (Non-Covered) - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0063)
ma_4.txt	req_rev_e0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0064)
ma_4.txt	req_rev_e0065	NUM	DE# - Other Non-Covered - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0065)
ma_4.txt	req_rev_e0066	NUM	DE# - COB/Subrg. (outside claim system) - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0066)
ma_4.txt	req_rev_e0067	NUM	DE# - Total Medical Expenses - Total Benefits Reimb + Actual Cost Sh(MA Req RevIE0067)
ma_4.txt	req_rev_f0020	NUM	Non-DE# - Inpatient Facility - Total Benefits Plan Cost Sharing(MA Req RevIF0020)
ma_4.txt	req_rev_f0021	NUM	Non-DE# - Skilled Nursing Facility - Total Benefits Plan Cost Sharing(MA Req RevIF0021)
ma_4.txt	req_rev_f0022	NUM	Non-DE# - Home Health - Total Benefits Plan Cost Sharing(MA Req RevIF0022)
ma_4.txt	req_rev_f0023	NUM	Non-DE# - Ambulance - Total Benefits Plan Cost Sharing(MA Req RevIF0023)
ma_4.txt	req_rev_f0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - Total Benefits Plan Cost Sharing(MA Req RevIF0024)
ma_4.txt	req_rev_f0025	NUM	Non-DE# - Outpatient Facility - Emergency - Total Benefits Plan Cost Sharing(MA Req RevIF0025)
ma_4.txt	req_rev_f0026	NUM	Non-DE# - Outpatient Facility - Surgery - Total Benefits Plan Cost Sharing(MA Req RevIF0026)
ma_4.txt	req_rev_f0027	NUM	Non-DE# - Outpatient Facility - Other - Total Benefits Plan Cost Sharing(MA Req RevIF0027)
ma_4.txt	req_rev_f0028	NUM	Non-DE# - Professional - Total Benefits Plan Cost Sharing(MA Req RevIF0028)

ma_4.txt	req_rev_f0029	NUM	Non-DE# - Part B Rx - Total Benefits Plan Cost Sharing(MA Req RevIF0029)
ma_4.txt	req_rev_f0030	NUM	Non-DE# - Other Medicare Part B - Total Benefits Plan Cost Sharing(MA Req RevIF0030)
ma_4.txt	req_rev_f0031	NUM	Non-DE# - Transportation (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0031)
ma_4.txt	req_rev_f0032	NUM	Non-DE# - Dental (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0032)
ma_4.txt	req_rev_f0033	NUM	Non-DE# - Vision (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0033)
ma_4.txt	req_rev_f0034	NUM	Non-DE# - Hearing (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0034)
ma_4.txt	req_rev_f0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0035)
ma_4.txt	req_rev_f0036	NUM	Non-DE# - Other Non-Covered - Total Benefits Plan Cost Sharing(MA Req RevIF0036)
ma_4.txt	req_rev_f0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - Total Benefits Plan Cost Sharing(MA Req RevIF0037)
ma_4.txt	req_rev_f0038	NUM	Non-DE# - Total Medical Expenses - Total Benefits Plan Cost Sharing(MA Req RevIF0038)
ma_4.txt	req_rev_f0049	NUM	DE# - Inpatient Facility - Total Benefits Plan Cost Sharing(MA Req RevIF0049)
ma_4.txt	req_rev_f0050	NUM	DE# - Skilled Nursing Facility - Total Benefits Plan Cost Sharing(MA Req RevIF0050)
ma_4.txt	req_rev_f0051	NUM	DE# - Home Health - Total Benefits Plan Cost Sharing(MA Req RevIF0051)
ma_4.txt	req_rev_f0052	NUM	DE# - Ambulance - Total Benefits Plan Cost Sharing(MA Req RevIF0052)
ma_4.txt	req_rev_f0053	NUM	DE# - DME/Prosthetics/Diabetes - Total Benefits Plan Cost Sharing(MA Req RevIF0053)
ma_4.txt	req_rev_f0054	NUM	DE# - Outpatient Facility - Emergency - Total Benefits Plan Cost Sharing(MA Req RevIF0054)
ma_4.txt	req_rev_f0055	NUM	DE# - Outpatient Facility - Surgery - Total Benefits Plan Cost Sharing(MA Req RevIF0055)
ma_4.txt	req_rev_f0056	NUM	DE# - Outpatient Facility - Other - Total Benefits Plan Cost Sharing(MA Req RevIF0056)
ma_4.txt	req_rev_f0057	NUM	DE# - Professional - Total Benefits Plan Cost Sharing(MA Req RevIF0057)
ma_4.txt	req_rev_f0058	NUM	DE# - Part B Rx - Total Benefits Plan Cost Sharing(MA Req RevIF0058)
ma_4.txt	req_rev_f0059	NUM	DE# - Other Medicare Part B - Total Benefits Plan Cost Sharing(MA Req RevIF0059)
ma_4.txt	req_rev_f0060	NUM	DE# - Transportation (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0060)
ma_4.txt	req_rev_f0061	NUM	DE# - Dental (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0061)
ma_4.txt	req_rev_f0062	NUM	DE# - Vision (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0062)
ma_4.txt	req_rev_f0063	NUM	DE# - Hearing (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0063)
ma_4.txt	req_rev_f0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Total Benefits Plan Cost Sharing(MA Req RevIF0064)
ma_4.txt	req_rev_f0065	NUM	DE# - Other Non-Covered - Total Benefits Plan Cost Sharing(MA Req RevIF0065)
ma_4.txt	req_rev_f0066	NUM	DE# - COB/Subrg. (outside claim system) - Total Benefits Plan Cost Sharing(MA Req RevIF0066)
ma_4.txt	req_rev_f0067	NUM	DE# - Total Medical Expenses - Total Benefits Plan Cost Sharing(MA Req RevIF0067)
ma_4.txt	req_rev_f0116	NUM	CY member months entered by county(MA Req RevIF0116)
ma_4.txt	req_rev_f0117	NUM	CY ESRD member months(MA Req RevIF0117)
ma_4.txt	req_rev_f0118	NUM	CY Out-of-Area (OOA) member months(MA Req RevIF0118)
ma_4.txt	req_rev_f0121	NUM	CY Revenue - CMS Capitation(MA Req RevIF0121)
ma_4.txt	req_rev_f0123	NUM	CY Medical Expenses for Basic Services(MA Req RevIF0123)
ma_4.txt	req_rev_f0124	NUM	CY Non-Benefit Expenses for Basic Services(MA Req RevIF0124)
ma_4.txt	req_rev_f0125	NUM	CY Margin Requirement for Basic Services(MA Req RevIF0125)
ma_4.txt	req_rev_f0126	NUM	CY Gain/(Loss) Margin for Basic Services(MA Req RevIF0126)
ma_4.txt	req_rev_f0128	NUM	Cost for CY Basic Benefits Allocated to All Plan Members(MA Req RevIF0128)
ma_4.txt	req_rev_g0049	NUM	DE# - Inpatient Facility - Total Benefits Actual Cost Sharing(MA Req RevIG0049)
ma_4.txt	req_rev_g0050	NUM	DE# - Skilled Nursing Facility - Total Benefits Actual Cost Sharing(MA Req RevIG0050)
ma_4.txt	req_rev_g0051	NUM	DE# - Home Health - Total Benefits Actual Cost Sharing(MA Req RevIG0051)
ma_4.txt	req_rev_g0052	NUM	DE# - Ambulance - Total Benefits Actual Cost Sharing(MA Req RevIG0052)
ma_4.txt	req_rev_g0053	NUM	DE# - DME/Prosthetics/Diabetes - Total Benefits Actual Cost Sharing(MA Req RevIG0053)
ma_4.txt	req_rev_g0054	NUM	DE# - Outpatient Facility - Emergency - Total Benefits Actual Cost Sharing(MA Req RevIG0054)
ma_4.txt	req_rev_g0055	NUM	DE# - Outpatient Facility - Surgery - Total Benefits Actual Cost Sharing(MA Req RevIG0055)
ma_4.txt	req_rev_g0056	NUM	DE# - Outpatient Facility - Other - Total Benefits Actual Cost Sharing(MA Req RevIG0056)
ma_4.txt	req_rev_g0057	NUM	DE# - Professional - Total Benefits Actual Cost Sharing(MA Req RevIG0057)
ma_4.txt	req_rev_g0058	NUM	DE# - Part B Rx - Total Benefits Actual Cost Sharing(MA Req RevIG0058)
ma_4.txt	req_rev_g0059	NUM	DE# - Other Medicare Part B - Total Benefits Actual Cost Sharing(MA Req RevIG0059)
ma_4.txt	req_rev_g0060	NUM	DE# - Transportation (Non-Covered) - Total Benefits Actual Cost Sharing(MA Req RevIG0060)
ma_4.txt	req_rev_g0061	NUM	DE# - Dental (Non-Covered) - Total Benefits Actual Cost Sharing(MA Req RevIG0061)
ma_4.txt	req_rev_g0062	NUM	DE# - Vision (Non-Covered) - Total Benefits Actual Cost Sharing(MA Req RevIG0062)
ma_4.txt	req_rev_g0063	NUM	DE# - Hearing (Non-Covered) - Total Benefits Actual Cost Sharing(MA Req RevIG0063)
ma_4.txt	req_rev_g0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Total Benefits Actual Cost Sharing(MA Req RevIG0064)
ma_4.txt	req_rev_g0065	NUM	DE# - Other Non-Covered - Total Benefits Actual Cost Sharing(MA Req RevIG0065)
ma_4.txt	req_rev_g0066	NUM	DE# - COB/Subrg. (outside claim system) - Total Benefits Actual Cost Sharing(MA Req RevIG0066)
ma_4.txt	req_rev_g0067	NUM	DE# - Total Medical Expenses - Total Benefits Actual Cost Sharing(MA Req RevIG0067)
ma_4.txt	req_rev_h0013	NUM	Cost and Required Revenue PMPM at Plan's Risk Factor:(MA Req RevIH0013)
ma_4.txt	req_rev_h0020	NUM	Non-DE# - Inpatient Facility - Total Benefits Net PMPM(MA Req RevIH0020)
ma_4.txt	req_rev_h0021	NUM	Non-DE# - Skilled Nursing Facility - Total Benefits Net PMPM(MA Req RevIH0021)
ma_4.txt	req_rev_h0022	NUM	Non-DE# - Home Health - Total Benefits Net PMPM(MA Req RevIH0022)
ma_4.txt	req_rev_h0023	NUM	Non-DE# - Ambulance - Total Benefits Net PMPM(MA Req RevIH0023)
ma_4.txt	req_rev_h0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - Total Benefits Net PMPM(MA Req RevIH0024)
ma_4.txt	req_rev_h0025	NUM	Non-DE# - Outpatient Facility - Emergency - Total Benefits Net PMPM(MA Req RevIH0025)
ma_4.txt	req_rev_h0026	NUM	Non-DE# - Outpatient Facility - Surgery - Total Benefits Net PMPM(MA Req RevIH0026)
ma_4.txt	req_rev_h0027	NUM	Non-DE# - Outpatient Facility - Other - Total Benefits Net PMPM(MA Req RevIH0027)
ma_4.txt	req_rev_h0028	NUM	Non-DE# - Professional - Total Benefits Net PMPM(MA Req RevIH0028)
ma_4.txt	req_rev_h0029	NUM	Non-DE# - Part B Rx - Total Benefits Net PMPM(MA Req RevIH0029)
ma_4.txt	req_rev_h0030	NUM	Non-DE# - Other Medicare Part B - Total Benefits Net PMPM(MA Req RevIH0030)
ma_4.txt	req_rev_h0031	NUM	Non-DE# - Transportation (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0031)
ma_4.txt	req_rev_h0032	NUM	Non-DE# - Dental (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0032)
ma_4.txt	req_rev_h0033	NUM	Non-DE# - Vision (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0033)
ma_4.txt	req_rev_h0034	NUM	Non-DE# - Hearing (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0034)
ma_4.txt	req_rev_h0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0035)
ma_4.txt	req_rev_h0036	NUM	Non-DE# - Other Non-Covered - Total Benefits Net PMPM(MA Req RevIH0036)
ma_4.txt	req_rev_h0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - Total Benefits Net PMPM(MA Req RevIH0037)
ma_4.txt	req_rev_h0038	NUM	Non-DE# - Total Medical Expenses - Total Benefits Net PMPM(MA Req RevIH0038)
ma_4.txt	req_rev_h0042	NUM	Cost and Required Revenue PMPM at Plan's Risk Factor:(MA Req RevIH0042)
ma_4.txt	req_rev_h0049	NUM	DE# - Inpatient Facility - Total Benefits Plan Reimb(MA Req RevIH0049)
ma_4.txt	req_rev_h0050	NUM	DE# - Skilled Nursing Facility - Total Benefits Plan Reimb(MA Req RevIH0050)
ma_4.txt	req_rev_h0051	NUM	DE# - Home Health - Total Benefits Plan Reimb(MA Req RevIH0051)
ma_4.txt	req_rev_h0052	NUM	DE# - Ambulance - Total Benefits Plan Reimb(MA Req RevIH0052)
ma_4.txt	req_rev_h0053	NUM	DE# - DME/Prosthetics/Diabetes - Total Benefits Plan Reimb(MA Req RevIH0053)
ma_4.txt	req_rev_h0054	NUM	DE# - Outpatient Facility - Emergency - Total Benefits Plan Reimb(MA Req RevIH0054)
ma_4.txt	req_rev_h0055	NUM	DE# - Outpatient Facility - Surgery - Total Benefits Plan Reimb(MA Req RevIH0055)
ma_4.txt	req_rev_h0056	NUM	DE# - Outpatient Facility - Other - Total Benefits Plan Reimb(MA Req RevIH0056)
ma_4.txt	req_rev_h0057	NUM	DE# - Professional - Total Benefits Plan Reimb(MA Req RevIH0057)
ma_4.txt	req_rev_h0058	NUM	DE# - Part B Rx - Total Benefits Plan Reimb(MA Req RevIH0058)

ma_4.txt	req_rev_h0059	NUM	DE# - Other Medicare Part B - Total Benefits Plan Reimb(MA Req RevIH0059)
ma_4.txt	req_rev_h0060	NUM	DE# - Transportation (Non-Covered) - Total Benefits Plan Reimb(MA Req RevIH0060)
ma_4.txt	req_rev_h0061	NUM	DE# - Dental (Non-Covered) - Total Benefits Plan Reimb(MA Req RevIH0061)
ma_4.txt	req_rev_h0062	NUM	DE# - Vision (Non-Covered) - Total Benefits Plan Reimb(MA Req RevIH0062)
ma_4.txt	req_rev_h0063	NUM	DE# - Hearing (Non-Covered) - Total Benefits Plan Reimb(MA Req RevIH0063)
ma_4.txt	req_rev_h0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Total Benefits Plan Reimb(MA Req RevIH0064)
ma_4.txt	req_rev_h0065	NUM	DE# - Other Non-Covered - Total Benefits Plan Reimb(MA Req RevIH0065)
ma_4.txt	req_rev_h0066	NUM	DE# - COB/Subrg. (outside claim system) - Total Benefits Plan Reimb(MA Req RevIH0066)
ma_4.txt	req_rev_h0067	NUM	DE# - Total Medical Expenses - Total Benefits Plan Reimb(MA Req RevIH0067)
ma_4.txt	req_rev_h0071	NUM	Cost and Required Revenue PMPM at Plan's Risk Factor:(MA Req RevIH0071)
ma_4.txt	req_rev_h0078	NUM	All Beneficiaries - Inpatient Facility - Total Benefits Net PMPM(MA Req RevIH0078)
ma_4.txt	req_rev_h0079	NUM	All Beneficiaries - Skilled Nursing Facility - Total Benefits Net PMPM(MA Req RevIH0079)
ma_4.txt	req_rev_h0080	NUM	All Beneficiaries - Home Health - Total Benefits Net PMPM(MA Req RevIH0080)
ma_4.txt	req_rev_h0081	NUM	All Beneficiaries - Ambulance - Total Benefits Net PMPM(MA Req RevIH0081)
ma_4.txt	req_rev_h0082	NUM	All Beneficiaries - DME/Prosthetics/Diabetes - Total Benefits Net PMPM(MA Req RevIH0082)
ma_4.txt	req_rev_h0083	NUM	All Beneficiaries - Outpatient Facility - Emergency - Total Benefits Net PMPM(MA Req RevIH0083)
ma_4.txt	req_rev_h0084	NUM	All Beneficiaries - Outpatient Facility - Surgery - Total Benefits Net PMPM(MA Req RevIH0084)
ma_4.txt	req_rev_h0085	NUM	All Beneficiaries - Outpatient Facility - Other - Total Benefits Net PMPM(MA Req RevIH0085)
ma_4.txt	req_rev_h0086	NUM	All Beneficiaries - Professional - Total Benefits Net PMPM(MA Req RevIH0086)
ma_4.txt	req_rev_h0087	NUM	All Beneficiaries - Part B Rx - Total Benefits Net PMPM(MA Req RevIH0087)
ma_4.txt	req_rev_h0088	NUM	All Beneficiaries - Other Medicare Part B - Total Benefits Net PMPM(MA Req RevIH0088)
ma_4.txt	req_rev_h0089	NUM	All Beneficiaries - Transportation (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0089)
ma_4.txt	req_rev_h0090	NUM	All Beneficiaries - Dental (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0090)
ma_4.txt	req_rev_h0091	NUM	All Beneficiaries - Vision (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0091)
ma_4.txt	req_rev_h0092	NUM	All Beneficiaries - Hearing (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0092)
ma_4.txt	req_rev_h0093	NUM	All Beneficiaries - Suppl. Ben. Chpt 4 (Non-Covered) - Total Benefits Net PMPM(MA Req RevIH0093)
ma_4.txt	req_rev_h0094	NUM	All Beneficiaries - Other Non-Covered - Total Benefits Net PMPM(MA Req RevIH0094)
ma_4.txt	req_rev_h0095	NUM	All Beneficiaries - ESRD - Total Benefits Net PMPM(MA Req RevIH0095)
ma_4.txt	req_rev_h0097	NUM	All Beneficiaries - COB/Subrg. (outside claim system) - Total Benefits Net PMPM(MA Req RevIH0097)
ma_4.txt	req_rev_h0098	NUM	All Beneficiaries - Total Medical Expenses - Total Benefits Net PMPM(MA Req RevIH0098)
ma_4.txt	req_rev_h0100	NUM	All Beneficiaries Non-Benefit Expense - Sales & Marketing Total Benefits Net PMPM(MA Req RevIH0100)
ma_4.txt	req_rev_h0101	NUM	All Beneficiaries Non-Benefit Expense - Direct Administration Total Benefits Net PMPM(MA Req RevIH0101)
ma_4.txt	req_rev_h0102	NUM	All Beneficiaries Non-Benefit Expense - Indirect Administration Total Benefits Net PMPM(MA Req RevIH0102)
ma_4.txt	req_rev_h0103	NUM	All Beneficiaries Non-Benefit Expense - Net Cost of Private Reinsurance Total Benefits Net PMPM(MA Req RevIH0103)
ma_4.txt	req_rev_h0104	NUM	All Beneficiaries Non-Benefit Expense - Insurer Fees Total Benefits Net PMPM(MA Req RevIH0104)
ma_4.txt	req_rev_h0106	NUM	All Beneficiaries Non-Benefit Expense - Total Non-Benefit Expense Total Benefits Net PMPM(MA Req RevIH0106)
ma_4.txt	req_rev_h0107	NUM	All Beneficiaries Non-Benefit Expense - Gain/(Loss) Margin Total Benefits Net PMPM(MA Req RevIH0107)
ma_4.txt	req_rev_h0108	NUM	All Beneficiaries Non-Benefit Expense - Total Revenue Requirement Total Benefits Net PMPM(MA Req RevIH0108)
ma_4.txt	req_rev_h0109	NUM	All Beneficiaries Percent of Revenue (excluding ESRD) - Net Medical Expense Total Benefits Net PMPM(MA Req RevIH0109)
ma_4.txt	req_rev_h0110	NUM	All Beneficiaries Percent of Revenue (excluding ESRD) - Non-Benefit Total Benefits Net PMPM(MA Req RevIH0110)
ma_4.txt	req_rev_h0111	NUM	All Beneficiaries Percent of Revenue (excluding ESRD) - Gain/(Loss) Margin Total Benefits Net PMPM(MA Req RevIH0111)
ma_4.txt	req_rev_i0020	NUM	Non-DE# - Inpatient Facility - % for Cov. Svcs Allowed(MA Req RevII0020)
ma_4.txt	req_rev_i0021	NUM	Non-DE# - Skilled Nursing Facility - % for Cov. Svcs Allowed(MA Req RevII0021)
ma_4.txt	req_rev_i0022	NUM	Non-DE# - Home Health - % for Cov. Svcs Allowed(MA Req RevII0022)
ma_4.txt	req_rev_i0023	NUM	Non-DE# - Ambulance - % for Cov. Svcs Allowed(MA Req RevII0023)
ma_4.txt	req_rev_i0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - % for Cov. Svcs Allowed(MA Req RevII0024)
ma_4.txt	req_rev_i0025	NUM	Non-DE# - Outpatient Facility - Emergency - % for Cov. Svcs Allowed(MA Req RevII0025)
ma_4.txt	req_rev_i0026	NUM	Non-DE# - Outpatient Facility - Surgery - % for Cov. Svcs Allowed(MA Req RevII0026)
ma_4.txt	req_rev_i0027	NUM	Non-DE# - Outpatient Facility - Other - % for Cov. Svcs Allowed(MA Req RevII0027)
ma_4.txt	req_rev_i0028	NUM	Non-DE# - Professional - % for Cov. Svcs Allowed(MA Req RevII0028)
ma_4.txt	req_rev_i0029	NUM	Non-DE# - Part B Rx - % for Cov. Svcs Allowed(MA Req RevII0029)
ma_4.txt	req_rev_i0030	NUM	Non-DE# - Other Medicare Part B - % for Cov. Svcs Allowed(MA Req RevII0030)
ma_4.txt	req_rev_i0031	NUM	Non-DE# - Transportation (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0031)
ma_4.txt	req_rev_i0032	NUM	Non-DE# - Dental (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0032)
ma_4.txt	req_rev_i0033	NUM	Non-DE# - Vision (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0033)
ma_4.txt	req_rev_i0034	NUM	Non-DE# - Hearing (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0034)
ma_4.txt	req_rev_i0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0035)
ma_4.txt	req_rev_i0036	NUM	Non-DE# - Other Non-Covered - % for Cov. Svcs Allowed(MA Req RevII0036)
ma_4.txt	req_rev_i0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - % for Cov. Svcs Allowed(MA Req RevII0037)
ma_4.txt	req_rev_i0049	NUM	DE# - Inpatient Facility - % for Cov. Svcs Allowed(MA Req RevII0049)
ma_4.txt	req_rev_i0050	NUM	DE# - Skilled Nursing Facility - % for Cov. Svcs Allowed(MA Req RevII0050)
ma_4.txt	req_rev_i0051	NUM	DE# - Home Health - % for Cov. Svcs Allowed(MA Req RevII0051)
ma_4.txt	req_rev_i0052	NUM	DE# - Ambulance - % for Cov. Svcs Allowed(MA Req RevII0052)
ma_4.txt	req_rev_i0053	NUM	DE# - DME/Prosthetics/Diabetes - % for Cov. Svcs Allowed(MA Req RevII0053)
ma_4.txt	req_rev_i0054	NUM	DE# - Outpatient Facility - Emergency - % for Cov. Svcs Allowed(MA Req RevII0054)
ma_4.txt	req_rev_i0055	NUM	DE# - Outpatient Facility - Surgery - % for Cov. Svcs Allowed(MA Req RevII0055)
ma_4.txt	req_rev_i0056	NUM	DE# - Outpatient Facility - Other - % for Cov. Svcs Allowed(MA Req RevII0056)
ma_4.txt	req_rev_i0057	NUM	DE# - Professional - % for Cov. Svcs Allowed(MA Req RevII0057)
ma_4.txt	req_rev_i0058	NUM	DE# - Part B Rx - % for Cov. Svcs Allowed(MA Req RevII0058)
ma_4.txt	req_rev_i0059	NUM	DE# - Other Medicare Part B - % for Cov. Svcs Allowed(MA Req RevII0059)
ma_4.txt	req_rev_i0060	NUM	DE# - Transportation (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0060)
ma_4.txt	req_rev_i0061	NUM	DE# - Dental (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0061)
ma_4.txt	req_rev_i0062	NUM	DE# - Vision (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0062)
ma_4.txt	req_rev_i0063	NUM	DE# - Hearing (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0063)
ma_4.txt	req_rev_i0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - % for Cov. Svcs Allowed(MA Req RevII0064)
ma_4.txt	req_rev_i0065	NUM	DE# - Other Non-Covered - % for Cov. Svcs Allowed(MA Req RevII0065)
ma_4.txt	req_rev_i0066	NUM	DE# - COB/Subrg. (outside claim system) - % for Cov. Svcs Allowed(MA Req RevII0066)
ma_4.txt	req_rev_i0020	NUM	Non-DE# - Inpatient Facility - % for Cov. Svcs Cost Sharing(MA Req RevII0020)
ma_4.txt	req_rev_i0021	NUM	Non-DE# - Skilled Nursing Facility - % for Cov. Svcs Cost Sharing(MA Req RevII0021)
ma_4.txt	req_rev_i0022	NUM	Non-DE# - Home Health - % for Cov. Svcs Cost Sharing(MA Req RevII0022)
ma_4.txt	req_rev_i0023	NUM	Non-DE# - Ambulance - % for Cov. Svcs Cost Sharing(MA Req RevII0023)
ma_4.txt	req_rev_i0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - % for Cov. Svcs Cost Sharing(MA Req RevII0024)
ma_4.txt	req_rev_i0025	NUM	Non-DE# - Outpatient Facility - Emergency - % for Cov. Svcs Cost Sharing(MA Req RevII0025)
ma_4.txt	req_rev_i0026	NUM	Non-DE# - Outpatient Facility - Surgery - % for Cov. Svcs Cost Sharing(MA Req RevII0026)
ma_4.txt	req_rev_i0027	NUM	Non-DE# - Outpatient Facility - Other - % for Cov. Svcs Cost Sharing(MA Req RevII0027)
ma_4.txt	req_rev_i0028	NUM	Non-DE# - Professional - % for Cov. Svcs Cost Sharing(MA Req RevII0028)
ma_4.txt	req_rev_i0029	NUM	Non-DE# - Part B Rx - % for Cov. Svcs Cost Sharing(MA Req RevII0029)
ma_4.txt	req_rev_i0030	NUM	Non-DE# - Other Medicare Part B - % for Cov. Svcs Cost Sharing(MA Req RevII0030)

ma_4.txt	req_rev_j0031	NUM	Non-DE# - Transportation (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0031)
ma_4.txt	req_rev_j0032	NUM	Non-DE# - Dental (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0032)
ma_4.txt	req_rev_j0033	NUM	Non-DE# - Vision (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0033)
ma_4.txt	req_rev_j0034	NUM	Non-DE# - Hearing (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0034)
ma_4.txt	req_rev_j0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0035)
ma_4.txt	req_rev_j0036	NUM	Non-DE# - Other Non-Covered - % for Cov. Svcs Cost Sharing(MA Req RevI0036)
ma_4.txt	req_rev_j0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - % for Cov. Svcs Cost Sharing(MA Req RevI0037)
ma_4.txt	req_rev_j0049	NUM	DE# - Inpatient Facility - % for Cov. Svcs Cost Sharing(MA Req RevI0049)
ma_4.txt	req_rev_j0050	NUM	DE# - Skilled Nursing Facility - % for Cov. Svcs Cost Sharing(MA Req RevI0050)
ma_4.txt	req_rev_j0051	NUM	DE# - Home Health - % for Cov. Svcs Cost Sharing(MA Req RevI0051)
ma_4.txt	req_rev_j0052	NUM	DE# - Ambulance - % for Cov. Svcs Cost Sharing(MA Req RevI0052)
ma_4.txt	req_rev_j0053	NUM	DE# - DME/Prosthetics/Diabetes - % for Cov. Svcs Cost Sharing(MA Req RevI0053)
ma_4.txt	req_rev_j0054	NUM	DE# - Outpatient Facility - Emergency - % for Cov. Svcs Cost Sharing(MA Req RevI0054)
ma_4.txt	req_rev_j0055	NUM	DE# - Outpatient Facility - Surgery - % for Cov. Svcs Cost Sharing(MA Req RevI0055)
ma_4.txt	req_rev_j0056	NUM	DE# - Outpatient Facility - Other - % for Cov. Svcs Cost Sharing(MA Req RevI0056)
ma_4.txt	req_rev_j0057	NUM	DE# - Professional - % for Cov. Svcs Cost Sharing(MA Req RevI0057)
ma_4.txt	req_rev_j0058	NUM	DE# - Part B Rx - % for Cov. Svcs Cost Sharing(MA Req RevI0058)
ma_4.txt	req_rev_j0059	NUM	DE# - Other Medicare Part B - % for Cov. Svcs Cost Sharing(MA Req RevI0059)
ma_4.txt	req_rev_j0060	NUM	DE# - Transportation (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0060)
ma_4.txt	req_rev_j0061	NUM	DE# - Dental (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0061)
ma_4.txt	req_rev_j0062	NUM	DE# - Vision (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0062)
ma_4.txt	req_rev_j0063	NUM	DE# - Hearing (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0063)
ma_4.txt	req_rev_j0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - % for Cov. Svcs Cost Sharing(MA Req RevI0064)
ma_4.txt	req_rev_j0065	NUM	DE# - Other Non-Covered - % for Cov. Svcs Cost Sharing(MA Req RevI0065)
ma_4.txt	req_rev_j0066	NUM	DE# - COB/Subrg. (outside claim system) - % for Cov. Svcs Cost Sharing(MA Req RevI0066)
ma_4.txt	req_rev_j0106	CHAR	Bids in Product Pairing - 1(MA Req RevI0106)
ma_4.txt	req_rev_j0130	NUM	Total CY ESRD "subsidy"(MA Req RevI0130)
ma_4.txt	req_rev_k0020	NUM	Non-DE# - Inpatient Facility - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0020)
ma_4.txt	req_rev_k0021	NUM	Non-DE# - Skilled Nursing Facility - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0021)
ma_4.txt	req_rev_k0022	NUM	Non-DE# - Home Health - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0022)
ma_4.txt	req_rev_k0023	NUM	Non-DE# - Ambulance - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0023)
ma_4.txt	req_rev_k0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0024)
ma_4.txt	req_rev_k0025	NUM	Non-DE# - Outpatient Facility - Emergency - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0025)
ma_4.txt	req_rev_k0026	NUM	Non-DE# - Outpatient Facility - Surgery - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0026)
ma_4.txt	req_rev_k0027	NUM	Non-DE# - Outpatient Facility - Other - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0027)
ma_4.txt	req_rev_k0028	NUM	Non-DE# - Professional - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0028)
ma_4.txt	req_rev_k0029	NUM	Non-DE# - Part B Rx - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0029)
ma_4.txt	req_rev_k0030	NUM	Non-DE# - Other Medicare Part B - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0030)
ma_4.txt	req_rev_k0031	NUM	Non-DE# - Transportation (Non-Covered) - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0031)
ma_4.txt	req_rev_k0032	NUM	Non-DE# - Dental (Non-Covered) - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0032)
ma_4.txt	req_rev_k0033	NUM	Non-DE# - Vision (Non-Covered) - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0033)
ma_4.txt	req_rev_k0034	NUM	Non-DE# - Hearing (Non-Covered) - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0034)
ma_4.txt	req_rev_k0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0035)
ma_4.txt	req_rev_k0036	NUM	Non-DE# - Other Non-Covered - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0036)
ma_4.txt	req_rev_k0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0037)
ma_4.txt	req_rev_k0038	NUM	Non-DE# - Total Medical Expenses - FFS Medicare Actl. Equiv. cost sharing(MA Req RevIK0038)
ma_4.txt	req_rev_k0049	NUM	DE# - Inpatient Facility - State Medicaid Level of Bene cost sharing(MA Req RevIK0049)
ma_4.txt	req_rev_k0050	NUM	DE# - Skilled Nursing Facility - State Medicaid Level of Bene cost sharing(MA Req RevIK0050)
ma_4.txt	req_rev_k0051	NUM	DE# - Home Health - State Medicaid Level of Bene cost sharing(MA Req RevIK0051)
ma_4.txt	req_rev_k0052	NUM	DE# - Ambulance - State Medicaid Level of Bene cost sharing(MA Req RevIK0052)
ma_4.txt	req_rev_k0053	NUM	DE# - DME/Prosthetics/Diabetes - State Medicaid Level of Bene cost sharing(MA Req RevIK0053)
ma_4.txt	req_rev_k0054	NUM	DE# - Outpatient Facility - Emergency - State Medicaid Level of Bene cost sharing(MA Req RevIK0054)
ma_4.txt	req_rev_k0055	NUM	DE# - Outpatient Facility - Surgery - State Medicaid Level of Bene cost sharing(MA Req RevIK0055)
ma_4.txt	req_rev_k0056	NUM	DE# - Outpatient Facility - Other - State Medicaid Level of Bene cost sharing(MA Req RevIK0056)
ma_4.txt	req_rev_k0057	NUM	DE# - Professional - State Medicaid Level of Bene cost sharing(MA Req RevIK0057)
ma_4.txt	req_rev_k0058	NUM	DE# - Part B Rx - State Medicaid Level of Bene cost sharing(MA Req RevIK0058)
ma_4.txt	req_rev_k0059	NUM	DE# - Other Medicare Part B - State Medicaid Level of Bene cost sharing(MA Req RevIK0059)
ma_4.txt	req_rev_k0060	NUM	DE# - Transportation (Non-Covered) - State Medicaid Level of Bene cost sharing(MA Req RevIK0060)
ma_4.txt	req_rev_k0061	NUM	DE# - Dental (Non-Covered) - State Medicaid Level of Bene cost sharing(MA Req RevIK0061)
ma_4.txt	req_rev_k0062	NUM	DE# - Vision (Non-Covered) - State Medicaid Level of Bene cost sharing(MA Req RevIK0062)
ma_4.txt	req_rev_k0063	NUM	DE# - Hearing (Non-Covered) - State Medicaid Level of Bene cost sharing(MA Req RevIK0063)
ma_4.txt	req_rev_k0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - State Medicaid Level of Bene cost sharing(MA Req RevIK0064)
ma_4.txt	req_rev_k0065	NUM	DE# - Other Non-Covered - State Medicaid Level of Bene cost sharing(MA Req RevIK0065)
ma_4.txt	req_rev_k0066	NUM	DE# - COB/Subrg. (outside claim system) - State Medicaid Level of Bene cost sharing(MA Req RevIK0066)
ma_4.txt	req_rev_k0067	NUM	DE# - Total Medical Expenses - State Medicaid Level of Bene cost sharing(MA Req RevIK0067)
ma_4.txt	req_rev_k0106	CHAR	Bids in Product Pairing - 2(MA Req RevIK0106)
ma_4.txt	req_rev_l0020	NUM	Non-DE# - Inpatient Facility - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0020)
ma_4.txt	req_rev_l0021	NUM	Non-DE# - Skilled Nursing Facility - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0021)
ma_4.txt	req_rev_l0022	NUM	Non-DE# - Home Health - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0022)
ma_4.txt	req_rev_l0023	NUM	Non-DE# - Ambulance - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0023)
ma_4.txt	req_rev_l0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0024)
ma_4.txt	req_rev_l0025	NUM	Non-DE# - Outpatient Facility - Emergency - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0025)
ma_4.txt	req_rev_l0026	NUM	Non-DE# - Outpatient Facility - Surgery - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0026)
ma_4.txt	req_rev_l0027	NUM	Non-DE# - Outpatient Facility - Other - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0027)
ma_4.txt	req_rev_l0028	NUM	Non-DE# - Professional - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0028)
ma_4.txt	req_rev_l0029	NUM	Non-DE# - Part B Rx - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0029)
ma_4.txt	req_rev_l0030	NUM	Non-DE# - Other Medicare Part B - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0030)
ma_4.txt	req_rev_l0031	NUM	Non-DE# - Transportation (Non-Covered) - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0031)
ma_4.txt	req_rev_l0032	NUM	Non-DE# - Dental (Non-Covered) - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0032)
ma_4.txt	req_rev_l0033	NUM	Non-DE# - Vision (Non-Covered) - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0033)
ma_4.txt	req_rev_l0034	NUM	Non-DE# - Hearing (Non-Covered) - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0034)
ma_4.txt	req_rev_l0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0035)
ma_4.txt	req_rev_l0036	NUM	Non-DE# - Other Non-Covered - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0036)
ma_4.txt	req_rev_l0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0037)
ma_4.txt	req_rev_l0038	NUM	Non-DE# - Total Medical Expenses - Plan cost sh.for Medicare-covered svcs.(MA Req RevIL0038)
ma_4.txt	req_rev_l0049	NUM	DE# - Inpatient Facility - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0049)
ma_4.txt	req_rev_l0050	NUM	DE# - Skilled Nursing Facility - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0050)
ma_4.txt	req_rev_l0051	NUM	DE# - Home Health - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0051)

ma 4.txt	req_rev_i0052	NUM	DE# - Ambulance - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0052)
ma 4.txt	req_rev_i0053	NUM	DE# - DME/Prosthetics/Diabetes - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0053)
ma 4.txt	req_rev_i0054	NUM	DE# - Outpatient Facility - Emergency - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0054)
ma 4.txt	req_rev_i0055	NUM	DE# - Outpatient Facility - Surgery - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0055)
ma 4.txt	req_rev_i0056	NUM	DE# - Outpatient Facility - Other - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0056)
ma 4.txt	req_rev_i0057	NUM	DE# - Professional - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0057)
ma 4.txt	req_rev_i0058	NUM	DE# - Part B Rx - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0058)
ma 4.txt	req_rev_i0059	NUM	DE# - Other Medicare Part B - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0059)
ma 4.txt	req_rev_i0060	NUM	DE# - Transportation (Non-Covered) - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0060)
ma 4.txt	req_rev_i0061	NUM	DE# - Dental (Non-Covered) - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0061)
ma 4.txt	req_rev_i0062	NUM	DE# - Vision (Non-Covered) - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0062)
ma 4.txt	req_rev_i0063	NUM	DE# - Hearing (Non-Covered) - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0063)
ma 4.txt	req_rev_i0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0064)
ma 4.txt	req_rev_i0065	NUM	DE# - Other Non-Covered - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0065)
ma 4.txt	req_rev_i0066	NUM	DE# - COB/Subrg. (outside claim system) - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0066)
ma 4.txt	req_rev_i0067	NUM	DE# - Total Medical Expenses - Actual cost sh. for Medicare-covered svcs.(MA Req RevIL0067)
ma 4.txt	req_rev_i0106	CHAR	Bids in Product Pairing - 3(MA Req RevIL0106)
ma 4.txt	req_rev_m0020	NUM	Non-DE# - Inpatient Facility - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0020)
ma 4.txt	req_rev_m0021	NUM	Non-DE# - Skilled Nursing Facility - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0021)
ma 4.txt	req_rev_m0022	NUM	Non-DE# - Home Health - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0022)
ma 4.txt	req_rev_m0023	NUM	Non-DE# - Ambulance - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0023)
ma 4.txt	req_rev_m0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0024)
ma 4.txt	req_rev_m0025	NUM	Non-DE# - Outpatient Facility - Emergency - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0025)
ma 4.txt	req_rev_m0026	NUM	Non-DE# - Outpatient Facility - Surgery - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0026)
ma 4.txt	req_rev_m0027	NUM	Non-DE# - Outpatient Facility - Other - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0027)
ma 4.txt	req_rev_m0028	NUM	Non-DE# - Professional - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0028)
ma 4.txt	req_rev_m0029	NUM	Non-DE# - Part B Rx - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0029)
ma 4.txt	req_rev_m0030	NUM	Non-DE# - Other Medicare Part B - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0030)
ma 4.txt	req_rev_m0031	NUM	Non-DE# - Transportation (Non-Covered) - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0031)
ma 4.txt	req_rev_m0032	NUM	Non-DE# - Dental (Non-Covered) - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0032)
ma 4.txt	req_rev_m0033	NUM	Non-DE# - Vision (Non-Covered) - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0033)
ma 4.txt	req_rev_m0034	NUM	Non-DE# - Hearing (Non-Covered) - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0034)
ma 4.txt	req_rev_m0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0035)
ma 4.txt	req_rev_m0036	NUM	Non-DE# - Other Non-Covered - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0036)
ma 4.txt	req_rev_m0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0037)
ma 4.txt	req_rev_m0038	NUM	Non-DE# - Total Medical Expenses - Medicare Covered (w/AE cost sh.) Allowed PMPM(MA Req RevIM0038)
ma 4.txt	req_rev_m0049	NUM	DE# - Inpatient Facility - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0049)
ma 4.txt	req_rev_m0050	NUM	DE# - Skilled Nursing Facility - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0050)
ma 4.txt	req_rev_m0051	NUM	DE# - Home Health - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0051)
ma 4.txt	req_rev_m0052	NUM	DE# - Ambulance - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0052)
ma 4.txt	req_rev_m0053	NUM	DE# - DME/Prosthetics/Diabetes - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0053)
ma 4.txt	req_rev_m0054	NUM	DE# - Outpatient Facility - Emergency - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0054)
ma 4.txt	req_rev_m0055	NUM	DE# - Outpatient Facility - Surgery - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0055)
ma 4.txt	req_rev_m0056	NUM	DE# - Outpatient Facility - Other - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0056)
ma 4.txt	req_rev_m0057	NUM	DE# - Professional - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0057)
ma 4.txt	req_rev_m0058	NUM	DE# - Part B Rx - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0058)
ma 4.txt	req_rev_m0059	NUM	DE# - Other Medicare Part B - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0059)
ma 4.txt	req_rev_m0060	NUM	DE# - Transportation (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0060)
ma 4.txt	req_rev_m0061	NUM	DE# - Dental (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0061)
ma 4.txt	req_rev_m0062	NUM	DE# - Vision (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0062)
ma 4.txt	req_rev_m0063	NUM	DE# - Hearing (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0063)
ma 4.txt	req_rev_m0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0064)
ma 4.txt	req_rev_m0065	NUM	DE# - Other Non-Covered - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0065)
ma 4.txt	req_rev_m0066	NUM	DE# - COB/Subrg. (outside claim system) - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0066)
ma 4.txt	req_rev_m0067	NUM	DE# - Total Medical Expenses - Medicare Covered (w/Medicaid cost sh.) Allowed PMPM(MA Req RevIM0067)
ma 4.txt	req_rev_m0100	NUM	Corporate Margin Requirement % Of Rev.(MA Req RevIM0100)
ma 4.txt	req_rev_m0101	CHAR	Corporate Margin Basis(MA Req RevIM0101)
ma 4.txt	req_rev_m0102	CHAR	z4. Overall Gain/(Loss) Margin Level(MA Req RevIM0102)
ma 4.txt	req_rev_m0104	CHAR	Bid Valid Pairing(MA Req RevIM0104)
ma 4.txt	req_rev_m0106	CHAR	Bids in Product Pairing - 4(MA Req RevIM0106)
ma 4.txt	req_rev_m0121	NUM	Non-ESRD CY cost sharing reductions(MA Req RevIM0121)
ma 4.txt	req_rev_m0122	NUM	Non-ESRD CY additional benefits(MA Req RevIM0122)
ma 4.txt	req_rev_m0124	NUM	ESRD CY cost sharing reductions(MA Req RevIM0124)
ma 4.txt	req_rev_m0125	NUM	ESRD CY additional benefits(MA Req RevIM0125)
ma 4.txt	req_rev_m0127	NUM	Incremental CY cost of cost sharing reductions(MA Req RevIM0127)
ma 4.txt	req_rev_m0128	NUM	Incremental CY cost of additional benefits(MA Req RevIM0128)
ma 4.txt	req_rev_n0020	NUM	Non-DE# - Inpatient Facility - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0020)
ma 4.txt	req_rev_n0021	NUM	Non-DE# - Skilled Nursing Facility - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0021)
ma 4.txt	req_rev_n0022	NUM	Non-DE# - Home Health - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0022)
ma 4.txt	req_rev_n0023	NUM	Non-DE# - Ambulance - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0023)
ma 4.txt	req_rev_n0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0024)
ma 4.txt	req_rev_n0025	NUM	Non-DE# - Outpatient Facility - Emergency - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0025)
ma 4.txt	req_rev_n0026	NUM	Non-DE# - Outpatient Facility - Surgery - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0026)
ma 4.txt	req_rev_n0027	NUM	Non-DE# - Outpatient Facility - Other - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0027)
ma 4.txt	req_rev_n0028	NUM	Non-DE# - Professional - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0028)
ma 4.txt	req_rev_n0029	NUM	Non-DE# - Part B Rx - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0029)
ma 4.txt	req_rev_n0030	NUM	Non-DE# - Other Medicare Part B - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0030)
ma 4.txt	req_rev_n0031	NUM	Non-DE# - Transportation (Non-Covered) - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0031)
ma 4.txt	req_rev_n0032	NUM	Non-DE# - Dental (Non-Covered) - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0032)
ma 4.txt	req_rev_n0033	NUM	Non-DE# - Vision (Non-Covered) - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0033)
ma 4.txt	req_rev_n0034	NUM	Non-DE# - Hearing (Non-Covered) - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0034)
ma 4.txt	req_rev_n0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0035)
ma 4.txt	req_rev_n0036	NUM	Non-DE# - Other Non-Covered - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0036)
ma 4.txt	req_rev_n0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0037)
ma 4.txt	req_rev_n0038	NUM	Non-DE# - Total Medical Expenses - Medicare Covered (w/AE cost sh.) FFS AE Cost Sharing(MA Req RevIN0038)
ma 4.txt	req_rev_n0049	NUM	DE# - Inpatient Facility - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0049)
ma 4.txt	req_rev_n0050	NUM	DE# - Skilled Nursing Facility - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0050)
ma 4.txt	req_rev_n0051	NUM	DE# - Home Health - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0051)

ma 4.txt	req_rev_n0052	NUM	DE# - Ambulance - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0052)
ma 4.txt	req_rev_n0053	NUM	DE# - DME/Prosthetics/Diabetes - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0053)
ma 4.txt	req_rev_n0054	NUM	DE# - Outpatient Facility - Emergency - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0054)
ma 4.txt	req_rev_n0055	NUM	DE# - Outpatient Facility - Surgery - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0055)
ma 4.txt	req_rev_n0056	NUM	DE# - Outpatient Facility - Other - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0056)
ma 4.txt	req_rev_n0057	NUM	DE# - Professional - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0057)
ma 4.txt	req_rev_n0058	NUM	DE# - Part B Rx - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0058)
ma 4.txt	req_rev_n0059	NUM	DE# - Other Medicare Part B - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0059)
ma 4.txt	req_rev_n0060	NUM	DE# - Transportation (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0060)
ma 4.txt	req_rev_n0061	NUM	DE# - Dental (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0061)
ma 4.txt	req_rev_n0062	NUM	DE# - Vision (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0062)
ma 4.txt	req_rev_n0063	NUM	DE# - Hearing (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0063)
ma 4.txt	req_rev_n0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0064)
ma 4.txt	req_rev_n0065	NUM	DE# - Other Non-Covered - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0065)
ma 4.txt	req_rev_n0066	NUM	DE# - COB/Subrg. (outside claim system) - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0066)
ma 4.txt	req_rev_n0067	NUM	DE# - Total Medical Expenses - Medicare Covered (w/Medicaid cost sh.) Medicaid Cost Sharing(MA Req RevIN0067)
ma 4.txt	req_rev_n0106	CHAR	Bids in Product Pairing - 5(MA Req RevIN0106)
ma 4.txt	req_rev_o0020	NUM	Non-DE# - Inpatient Facility - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0020)
ma 4.txt	req_rev_o0021	NUM	Non-DE# - Skilled Nursing Facility - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0021)
ma 4.txt	req_rev_o0022	NUM	Non-DE# - Home Health - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0022)
ma 4.txt	req_rev_o0023	NUM	Non-DE# - Ambulance - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0023)
ma 4.txt	req_rev_o0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0024)
ma 4.txt	req_rev_o0025	NUM	Non-DE# - Outpatient Facility - Emergency - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0025)
ma 4.txt	req_rev_o0026	NUM	Non-DE# - Outpatient Facility - Surgery - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0026)
ma 4.txt	req_rev_o0027	NUM	Non-DE# - Outpatient Facility - Other - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0027)
ma 4.txt	req_rev_o0028	NUM	Non-DE# - Professional - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0028)
ma 4.txt	req_rev_o0029	NUM	Non-DE# - Part B Rx - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0029)
ma 4.txt	req_rev_o0030	NUM	Non-DE# - Other Medicare Part B - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0030)
ma 4.txt	req_rev_o0031	NUM	Non-DE# - Transportation (Non-Covered) - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0031)
ma 4.txt	req_rev_o0032	NUM	Non-DE# - Dental (Non-Covered) - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0032)
ma 4.txt	req_rev_o0033	NUM	Non-DE# - Vision (Non-Covered) - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0033)
ma 4.txt	req_rev_o0034	NUM	Non-DE# - Hearing (Non-Covered) - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0034)
ma 4.txt	req_rev_o0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0035)
ma 4.txt	req_rev_o0036	NUM	Non-DE# - Other Non-Covered - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0036)
ma 4.txt	req_rev_o0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0037)
ma 4.txt	req_rev_o0038	NUM	Non-DE# - Total Medical Expenses - Medicare Covered (w/AE cost sh.) Net PMPM(MA Req RevIO0038)
ma 4.txt	req_rev_o0049	NUM	DE# - Inpatient Facility - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0049)
ma 4.txt	req_rev_o0050	NUM	DE# - Skilled Nursing Facility - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0050)
ma 4.txt	req_rev_o0051	NUM	DE# - Home Health - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0051)
ma 4.txt	req_rev_o0052	NUM	DE# - Ambulance - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0052)
ma 4.txt	req_rev_o0053	NUM	DE# - DME/Prosthetics/Diabetes - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0053)
ma 4.txt	req_rev_o0054	NUM	DE# - Outpatient Facility - Emergency - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0054)
ma 4.txt	req_rev_o0055	NUM	DE# - Outpatient Facility - Surgery - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0055)
ma 4.txt	req_rev_o0056	NUM	DE# - Outpatient Facility - Other - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0056)
ma 4.txt	req_rev_o0057	NUM	DE# - Professional - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0057)
ma 4.txt	req_rev_o0058	NUM	DE# - Part B Rx - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0058)
ma 4.txt	req_rev_o0059	NUM	DE# - Other Medicare Part B - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0059)
ma 4.txt	req_rev_o0060	NUM	DE# - Transportation (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0060)
ma 4.txt	req_rev_o0061	NUM	DE# - Dental (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0061)
ma 4.txt	req_rev_o0062	NUM	DE# - Vision (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0062)
ma 4.txt	req_rev_o0063	NUM	DE# - Hearing (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0063)
ma 4.txt	req_rev_o0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0064)
ma 4.txt	req_rev_o0065	NUM	DE# - Other Non-Covered - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0065)
ma 4.txt	req_rev_o0066	NUM	DE# - COB/Subrg. (outside claim system) - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0066)
ma 4.txt	req_rev_o0067	NUM	DE# - Total Medical Expenses - Medicare Covered (w/Medicaid cost sh.) Net PMPM(MA Req RevIO0067)
ma 4.txt	req_rev_o0078	NUM	All Beneficiaries - Inpatient Facility - Medicare Covered Net PMPM(MA Req RevIO0078)
ma 4.txt	req_rev_o0079	NUM	All Beneficiaries - Skilled Nursing Facility - Medicare Covered Net PMPM(MA Req RevIO0079)
ma 4.txt	req_rev_o0080	NUM	All Beneficiaries - Home Health - Medicare Covered Net PMPM(MA Req RevIO0080)
ma 4.txt	req_rev_o0081	NUM	All Beneficiaries - Ambulance - Medicare Covered Net PMPM(MA Req RevIO0081)
ma 4.txt	req_rev_o0082	NUM	All Beneficiaries - DME/Prosthetics/Diabetes - Medicare Covered Net PMPM(MA Req RevIO0082)
ma 4.txt	req_rev_o0083	NUM	All Beneficiaries - Outpatient Facility - Emergency - Medicare Covered Net PMPM(MA Req RevIO0083)
ma 4.txt	req_rev_o0084	NUM	All Beneficiaries - Outpatient Facility - Surgery - Medicare Covered Net PMPM(MA Req RevIO0084)
ma 4.txt	req_rev_o0085	NUM	All Beneficiaries - Outpatient Facility - Other - Medicare Covered Net PMPM(MA Req RevIO0085)
ma 4.txt	req_rev_o0086	NUM	All Beneficiaries - Professional - Medicare Covered Net PMPM(MA Req RevIO0086)
ma 4.txt	req_rev_o0087	NUM	All Beneficiaries - Part B Rx - Medicare Covered Net PMPM(MA Req RevIO0087)
ma 4.txt	req_rev_o0088	NUM	All Beneficiaries - Other Medicare Part B - Medicare Covered Net PMPM(MA Req RevIO0088)
ma 4.txt	req_rev_o0089	NUM	All Beneficiaries - Transportation (Non-Covered) - Medicare Covered Net PMPM(MA Req RevIO0089)
ma 4.txt	req_rev_o0090	NUM	All Beneficiaries - Dental (Non-Covered) - Medicare Covered Net PMPM(MA Req RevIO0090)
ma 4.txt	req_rev_o0091	NUM	All Beneficiaries - Vision (Non-Covered) - Medicare Covered Net PMPM(MA Req RevIO0091)
ma 4.txt	req_rev_o0092	NUM	All Beneficiaries - Hearing (Non-Covered) - Medicare Covered Net PMPM(MA Req RevIO0092)
ma 4.txt	req_rev_o0093	NUM	All Beneficiaries - Suppl. Ben. Chpt 4 (Non-Covered) - Medicare Covered Net PMPM(MA Req RevIO0093)
ma 4.txt	req_rev_o0094	NUM	All Beneficiaries - Other Non-Covered - Medicare Covered Net PMPM(MA Req RevIO0094)
ma 4.txt	req_rev_o0095	NUM	All Beneficiaries - ESRD - Medicare Covered Net PMPM(MA Req RevIO0095)
ma 4.txt	req_rev_o0097	NUM	All Beneficiaries - COB/Subrg. (outside claim system) - Medicare Covered Net PMPM(MA Req RevIO0097)
ma 4.txt	req_rev_o0098	NUM	All Beneficiaries - Total Medical Expenses - Medicare Covered Net PMPM(MA Req RevIO0098)
ma 4.txt	req_rev_o0100	NUM	All Beneficiaries Non-Benefit Expense - Sales & Marketing Medicare Covered Net PMPM(MA Req RevIO0100)
ma 4.txt	req_rev_o0101	NUM	All Beneficiaries Non-Benefit Expense - Direct Administration Medicare Covered Net PMPM(MA Req RevIO0101)
ma 4.txt	req_rev_o0102	NUM	All Beneficiaries Non-Benefit Expense - Indirect Administration Medicare Covered Net PMPM(MA Req RevIO0102)
ma 4.txt	req_rev_o0103	NUM	All Beneficiaries Non-Benefit Expense - Net Cost of Private Reinsurance Medicare Covered Net PMPM(MA Req RevIO0103)
ma 4.txt	req_rev_o0104	NUM	All Beneficiaries Non-Benefit Expense - Insurer Fees Medicare Covered Net PMPM(MA Req RevIO0104)
ma 4.txt	req_rev_o0106	NUM	All Beneficiaries Non-Benefit Expense - Total Non-Benefit Expense Medicare Covered Net PMPM(MA Req RevIO0106)
ma 4.txt	req_rev_o0107	NUM	All Beneficiaries Non-Benefit Expense - Gain/(Loss) Margin Medicare Covered Net PMPM(MA Req RevIO0107)
ma 4.txt	req_rev_o0108	NUM	All Beneficiaries Non-Benefit Expense - Total Revenue Requirement Medicare Covered Net PMPM(MA Req RevIO0108)
ma 4.txt	req_rev_o0109	NUM	All Beneficiaries Percent of Revenue (excluding ESRD) - Net Medical Expense Medicare Covered Net PMPM(MA Req RevIO0109)
ma 4.txt	req_rev_o0110	NUM	All Beneficiaries Percent of Revenue (excluding ESRD) - Non-Benefit Medicare Covered Net PMPM(MA Req RevIO0110)
ma 4.txt	req_rev_o0111	NUM	All Beneficiaries Percent of Revenue (excluding ESRD) - Gain/(Loss) Margin Medicare Covered Net PMPM(MA Req RevIO0111)
ma 4.txt	req_rev_p0020	NUM	Non-DE# - Inpatient Facility - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0020)
ma 4.txt	req_rev_p0021	NUM	Non-DE# - Skilled Nursing Facility - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0021)

ma.4.txt	req_rev_p0022	NUM	Non-DEH - Home Health - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0022)
ma.4.txt	req_rev_p0023	NUM	Non-DEH - Ambulance - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0023)
ma.4.txt	req_rev_p0024	NUM	Non-DEH - DME/Prosthetics/Diabetes - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0024)
ma.4.txt	req_rev_p0025	NUM	Non-DEH - Outpatient Facility - Emergency - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0025)
ma.4.txt	req_rev_p0026	NUM	Non-DEH - Outpatient Facility - Surgery - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0026)
ma.4.txt	req_rev_p0027	NUM	Non-DEH - Outpatient Facility - Other - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0027)
ma.4.txt	req_rev_p0028	NUM	Non-DEH - Professional - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0028)
ma.4.txt	req_rev_p0029	NUM	Non-DEH - Part B Rx - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0029)
ma.4.txt	req_rev_p0030	NUM	Non-DEH - Other Medicare Part B - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0030)
ma.4.txt	req_rev_p0031	NUM	Non-DEH - Transportation (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0031)
ma.4.txt	req_rev_p0032	NUM	Non-DEH - Dental (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0032)
ma.4.txt	req_rev_p0033	NUM	Non-DEH - Vision (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0033)
ma.4.txt	req_rev_p0034	NUM	Non-DEH - Hearing (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0034)
ma.4.txt	req_rev_p0035	NUM	Non-DEH - Suppl. Ben. Chpt 4 (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0035)
ma.4.txt	req_rev_p0036	NUM	Non-DEH - Other Non-Covered - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0036)
ma.4.txt	req_rev_p0037	NUM	Non-DEH - COB/Subrg. (outside claim system) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0037)
ma.4.txt	req_rev_p0038	NUM	Non-DEH - Total Medical Expenses - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0038)
ma.4.txt	req_rev_p0049	DEH	DEH - Inpatient Facility - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0049)
ma.4.txt	req_rev_p0050	NUM	DEH - Skilled Nursing Facility - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0050)
ma.4.txt	req_rev_p0051	NUM	DEH - Home Health - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0051)
ma.4.txt	req_rev_p0052	NUM	DEH - Ambulance - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0052)
ma.4.txt	req_rev_p0053	NUM	DEH - DME/Prosthetics/Diabetes - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0053)
ma.4.txt	req_rev_p0054	NUM	DEH - Outpatient Facility - Emergency - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0054)
ma.4.txt	req_rev_p0055	NUM	DEH - Outpatient Facility - Surgery - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0055)
ma.4.txt	req_rev_p0056	NUM	DEH - Outpatient Facility - Other - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0056)
ma.4.txt	req_rev_p0057	NUM	DEH - Professional - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0057)
ma.4.txt	req_rev_p0058	NUM	DEH - Part B Rx - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0058)
ma.4.txt	req_rev_p0059	NUM	DEH - Other Medicare Part B - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0059)
ma.4.txt	req_rev_p0060	NUM	DEH - Transportation (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0060)
ma.4.txt	req_rev_p0061	NUM	DEH - Dental (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0061)
ma.4.txt	req_rev_p0062	NUM	DEH - Vision (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0062)
ma.4.txt	req_rev_p0063	NUM	DEH - Hearing (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0063)
ma.4.txt	req_rev_p0064	NUM	DEH - Suppl. Ben. Chpt 4 (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0064)
ma.4.txt	req_rev_p0065	NUM	DEH - Other Non-Covered - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0065)
ma.4.txt	req_rev_p0066	NUM	DEH - COB/Subrg. (outside claim system) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0066)
ma.4.txt	req_rev_p0067	NUM	DEH - Total Medical Expenses - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0067)
ma.4.txt	req_rev_p0078	NUM	All Beneficiaries - Inpatient Facility - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0078)
ma.4.txt	req_rev_p0079	NUM	All Beneficiaries - Skilled Nursing Facility - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0079)
ma.4.txt	req_rev_p0080	NUM	All Beneficiaries - Home Health - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0080)
ma.4.txt	req_rev_p0081	NUM	All Beneficiaries - Ambulance - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0081)
ma.4.txt	req_rev_p0082	NUM	All Beneficiaries - DME/Prosthetics/Diabetes - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0082)
ma.4.txt	req_rev_p0083	NUM	All Beneficiaries - Outpatient Facility - Emergency - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0083)
ma.4.txt	req_rev_p0084	NUM	All Beneficiaries - Outpatient Facility - Surgery - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0084)
ma.4.txt	req_rev_p0085	NUM	All Beneficiaries - Outpatient Facility - Other - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0085)
ma.4.txt	req_rev_p0086	NUM	All Beneficiaries - Professional - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0086)
ma.4.txt	req_rev_p0087	NUM	All Beneficiaries - Part B Rx - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0087)
ma.4.txt	req_rev_p0088	NUM	All Beneficiaries - Other Medicare Part B - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0088)
ma.4.txt	req_rev_p0089	NUM	All Beneficiaries - Transportation (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0089)
ma.4.txt	req_rev_p0090	NUM	All Beneficiaries - Dental (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0090)
ma.4.txt	req_rev_p0091	NUM	All Beneficiaries - Vision (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0091)
ma.4.txt	req_rev_p0092	NUM	All Beneficiaries - Hearing (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0092)
ma.4.txt	req_rev_p0093	NUM	All Beneficiaries - Suppl. Ben. Chpt 4 (Non-Covered) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0093)
ma.4.txt	req_rev_p0094	NUM	All Beneficiaries - Other Non-Covered - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0094)
ma.4.txt	req_rev_p0095	NUM	All Beneficiaries - ESRD - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0095)
ma.4.txt	req_rev_p0097	NUM	All Beneficiaries - COB/Subrg. (outside claim system) - A/B Mand Suppl (MS) Benefits Net PMPM for Add'l Svcs.(MA Req RevIP0097)
ma.4.txt	req_rev_p0098	NUM	All Beneficiaries - Total Medical Expenses - A/B Mand Suppl (MS

ma_4.txt	req_rev_q0059	NUM	DE# - Other Medicare Part B - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0059)
ma_4.txt	req_rev_q0060	NUM	DE# - Transportation (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0060)
ma_4.txt	req_rev_q0061	NUM	DE# - Dental (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0061)
ma_4.txt	req_rev_q0062	NUM	DE# - Vision (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0062)
ma_4.txt	req_rev_q0063	NUM	DE# - Hearing (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0063)
ma_4.txt	req_rev_q0064	NUM	DE# - Suppl. Ben. Chpt 4 (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0064)
ma_4.txt	req_rev_q0065	NUM	DE# - Other Non-Covered - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0065)
ma_4.txt	req_rev_q0066	NUM	DE# - COB/Subrg. (outside claim system) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0066)
ma_4.txt	req_rev_q0067	NUM	DE# - Total Medical Expenses - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0067)
ma_4.txt	req_rev_q0078	NUM	All Beneficiaries - Inpatient Facility - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0078)
ma_4.txt	req_rev_q0079	NUM	All Beneficiaries - Skilled Nursing Facility - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0079)
ma_4.txt	req_rev_q0080	NUM	All Beneficiaries - Home Health - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0080)
ma_4.txt	req_rev_q0081	NUM	All Beneficiaries - Ambulance - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0081)
ma_4.txt	req_rev_q0082	NUM	All Beneficiaries - DME/Prosthetics/Diabetes - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0082)
ma_4.txt	req_rev_q0083	NUM	All Beneficiaries - Outpatient Facility - Emergency - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0083)
ma_4.txt	req_rev_q0084	NUM	All Beneficiaries - Outpatient Facility - Surgery - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0084)
ma_4.txt	req_rev_q0085	NUM	All Beneficiaries - Outpatient Facility - Other - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0085)
ma_4.txt	req_rev_q0086	NUM	All Beneficiaries - Professional - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0086)
ma_4.txt	req_rev_q0087	NUM	All Beneficiaries - Part B Rx - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0087)
ma_4.txt	req_rev_q0088	NUM	All Beneficiaries - Other Medicare Part B - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0088)
ma_4.txt	req_rev_q0089	NUM	All Beneficiaries - Transportation (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0089)
ma_4.txt	req_rev_q0090	NUM	All Beneficiaries - Dental (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0090)
ma_4.txt	req_rev_q0091	NUM	All Beneficiaries - Vision (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0091)
ma_4.txt	req_rev_q0092	NUM	All Beneficiaries - Hearing (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0092)
ma_4.txt	req_rev_q0093	NUM	All Beneficiaries - Suppl. Ben. Chpt 4 (Non-Covered) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0093)
ma_4.txt	req_rev_q0094	NUM	All Beneficiaries - Other Non-Covered - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0094)
ma_4.txt	req_rev_q0095	NUM	All Beneficiaries - ESRD - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0095)
ma_4.txt	req_rev_q0097	NUM	All Beneficiaries - COB/Subrg. (outside claim system) - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0097)
ma_4.txt	req_rev_q0098	NUM	All Beneficiaries - Total Medical Expenses - A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0098)
ma_4.txt	req_rev_q0106	NUM	All Beneficiaries Non-Benefit Expense - Total Non-Benefit Expense A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0106)
ma_4.txt	req_rev_q0107	NUM	All Beneficiaries Non-Benefit Expense - Gain/(Loss) Margin A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0107)
ma_4.txt	req_rev_q0108	NUM	All Beneficiaries Non-Benefit Expense - Total Revenue Requirement A/B Mand Suppl (MS) Benefits Reduction of A/B Cost Sh.(MA Req RevIQ0108)
ma_4.txt	req_rev_r0020	NUM	Non-DE# - Inpatient Facility - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0020)
ma_4.txt	req_rev_r0021	NUM	Non-DE# - Skilled Nursing Facility - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0021)
ma_4.txt	req_rev_r0022	NUM	Non-DE# - Home Health - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0022)
ma_4.txt	req_rev_r0023	NUM	Non-DE# - Ambulance - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0023)
ma_4.txt	req_rev_r0024	NUM	Non-DE# - DME/Prosthetics/Diabetes - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0024)
ma_4.txt	req_rev_r0025	NUM	Non-DE# - Outpatient Facility - Emergency - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0025)
ma_4.txt	req_rev_r0026	NUM	Non-DE# - Outpatient Facility - Surgery - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0026)
ma_4.txt	req_rev_r0027	NUM	Non-DE# - Outpatient Facility - Other - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0027)
ma_4.txt	req_rev_r0028	NUM	Non-DE# - Professional - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0028)
ma_4.txt	req_rev_r0029	NUM	Non-DE# - Part B Rx - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0029)
ma_4.txt	req_rev_r0030	NUM	Non-DE# - Other Medicare Part B - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0030)
ma_4.txt	req_rev_r0031	NUM	Non-DE# - Transportation (Non-Covered) - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0031)
ma_4.txt	req_rev_r0032	NUM	Non-DE# - Dental (Non-Covered) - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0032)
ma_4.txt	req_rev_r0033	NUM	Non-DE# - Vision (Non-Covered) - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0033)
ma_4.txt	req_rev_r0034	NUM	Non-DE# - Hearing (Non-Covered) - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0034)
ma_4.txt	req_rev_r0035	NUM	Non-DE# - Suppl. Ben. Chpt 4 (Non-Covered) - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0035)
ma_4.txt	req_rev_r0036	NUM	Non-DE# - Other Non-Covered - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0036)
ma_4.txt	req_rev_r0037	NUM	Non-DE# - COB/Subrg. (outside claim system) - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0037)
ma_4.txt	req_rev_r0038	NUM	Non-DE# - Total Medical Expenses - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0038)
ma_4.txt	req_rev_r0049	NUM	DE# - Inpatient Facility - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0049)
ma_4.txt	req_rev_r0050	NUM	DE# - Skilled Nursing Facility - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0050)
ma_4.txt	req_rev_r0051	NUM	DE# - Home Health - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0051)
ma_4.txt	req_rev_r0052	NUM	DE# - Ambulance - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0052)
ma_4.txt	req_rev_r0053	NUM	DE# - DME/Prosthetics/Diabetes - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0053)
ma_4.txt	req_rev_r0054	NUM	DE# - Outpatient Facility - Emergency - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0054)
ma_4.txt	req_rev_r0055	NUM	DE# - Outpatient Facility - Surgery - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0055)
ma_4.txt	req_rev_r0056	NUM	DE# - Outpatient Facility - Other - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0056)

ma 4.txt	req_rev_r0097	NUM	All Beneficiaries - COB/Subrg. (outside claim system) - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0097)
ma 4.txt	req_rev_r0098	NUM	All Beneficiaries - Total Medical Expenses - A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0098)
ma 4.txt	req_rev_r0100	NUM	All Beneficiaries Non-Benefit Expense - Sales & Marketing A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0100)
ma 4.txt	req_rev_r0101	NUM	All Beneficiaries Non-Benefit Expense - Direct Administration A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0101)
ma 4.txt	req_rev_r0102	NUM	All Beneficiaries Non-Benefit Expense - Indirect Administration A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0102)
ma 4.txt	req_rev_r0103	NUM	All Beneficiaries Non-Benefit Expense - Net Cost of Private Reinsurance A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0103)
ma 4.txt	req_rev_r0104	NUM	All Beneficiaries Non-Benefit Expense - Insurer Fees A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0104)
ma 4.txt	req_rev_r0106	NUM	All Beneficiaries Non-Benefit Expense - Total Non-Benefit Expense A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0106)
ma 4.txt	req_rev_r0107	NUM	All Beneficiaries Non-Benefit Expense - Gain/(Loss) Margin A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0107)
ma 4.txt	req_rev_r0108	NUM	All Beneficiaries Non-Benefit Expense - Total Revenue Requirement A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0108)
ma 4.txt	req_rev_r0109	NUM	All Beneficiaries Percent of Revenue (excluding ESRD) - Net Medical Expense A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0109)
ma 4.txt	req_rev_r0110	NUM	All Beneficiaries Percent of Revenue (excluding ESRD) - Non-Benefit A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0110)
ma 4.txt	req_rev_r0111	NUM	All Beneficiaries Percent of Revenue (excluding ESRD) - Gain/(Loss) Margin A/B Mand Suppl (MS) Benefits Total(MA Req RevIR0111)
ma 4.txt	req_rev_r0123	NUM	1. Projected Medicaid Data Medicaid Projected Revenue(MA Req RevIR0123)
ma 4.txt	req_rev_r0124	NUM	2. Projected Medicaid Data Medicaid Projected Cost (not in bid)(MA Req RevIR0124)
ma 4.txt	req_rev_r0125	NUM	2a. Benefit Expenses(MA Req RevIR0125)
ma 4.txt	req_rev_r0126	NUM	2b. Non-Benefit Expenses(MA Req RevIR0126)
ma 5.txt	contract_year	CHAR	Contract Year (2018)
ma 5.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
ma 5.txt	version	NUM	Version Number
ma 5.txt	base_g0005	CHAR	Organization Name(MA BaseIG0005)
ma 5.txt	base_g0007	CHAR	Plan Type(MA BaseIG0007)
ma 5.txt	base_g0008	CHAR	MA-PD(MA BaseIG0008)
ma 5.txt	base_k0005	CHAR	Enrollee Type(MA BaseIK0005)
ma 5.txt	base_k0008	CHAR	SNP Indicator(MA BaseIK0008)
ma 5.txt	base_o0005	CHAR	Region Name(MA BaseIO0005)
ma 5.txt	bnchmk_e0012	NUM	Projected Member Months (Section VI)(MA BnchmkIE0012)
ma 5.txt	bnchmk_e0013	NUM	Standardized A/B Benchmark (@ 1.000)(MA BnchmkIE0013)
ma 5.txt	bnchmk_e0014	NUM	Medicare Secondary Payer Adjustment(MA BnchmkIE0014)
ma 5.txt	bnchmk_e0015	NUM	Total Weighted Avg Risk Factor(MA BnchmkIE0015)
ma 5.txt	bnchmk_e0016	NUM	Conversion Factor(MA BnchmkIE0016)
ma 5.txt	bnchmk_e0017	NUM	Plan A/B Benchmark(MA BnchmkIE0017)
ma 5.txt	bnchmk_e0018	NUM	Plan A/B Bid(MA BnchmkIE0018)
ma 5.txt	bnchmk_e0019	NUM	Standardized A/B Bid (@ 1.000)(MA BnchmkIE0019)
ma 5.txt	bnchmk_e0023	NUM	Savings Member Premium Development(MA BnchmkIE0023)
ma 5.txt	bnchmk_e0024	NUM	Rebate Member Premium Development(MA BnchmkIE0024)
ma 5.txt	bnchmk_e0025	NUM	Basic Member Premium Development(MA BnchmkIE0025)
ma 5.txt	bnchmk_e0036	NUM	Weighted Average for Service Area - Projected Member Months(MA BnchmkIE0036)
ma 5.txt	bnchmk_e0038	NUM	Out of Area - Projected Member Months(MA BnchmkIE0038)
ma 5.txt	bnchmk_f0012	NUM	Non-DE# Member Months (Section VI)(MA BnchmkIF0012)
ma 5.txt	bnchmk_f0015	NUM	Non-DE# Weighted Avg Risk Factor(MA BnchmkIF0015)
ma 5.txt	bnchmk_f0036	NUM	Total or Weighted Average for Service Area - Projected Risk Factors(MA BnchmkIF0036)
ma 5.txt	bnchmk_f0038	NUM	Out of Area - Projected Risk Factors(MA BnchmkIF0038)
ma 5.txt	bnchmk_g0012	NUM	DE# Member Months (Section VI)(MA BnchmkIG0012)
ma 5.txt	bnchmk_g0015	NUM	DE# Weighted Average Risk Factor(MA BnchmkIG0015)
ma 5.txt	bnchmk_g0031	CHAR	Plan-provided ISAR factors(MA BnchmkIG0031)
ma 5.txt	bnchmk_g0036	NUM	Total or Weighted Average for Service Area - Plan Provided ISAR Factors for Risk Rates(MA BnchmkIG0036)
ma 5.txt	bnchmk_h0036	NUM	Total or Weighted Average for Service Area - MA Risk Ratebook Unadjusted(MA BnchmkIH0036)
ma 5.txt	bnchmk_h0038	NUM	Out of Area -MA Risk Ratebook - Unadjusted(MA BnchmkIH0038)
ma 5.txt	bnchmk_i0036	NUM	Total or Weighted Average for Service Area - MA Risk Ratebook Risk-adjusted(MA BnchmkII0036)
ma 5.txt	bnchmk_i0038	NUM	Out of Area -MA Risk Ratebook - Adjusted(MA BnchmkII0038)
ma 5.txt	bnchmk_j0036	NUM	Total or Weighted Average for Service Area - ISAR Scale(MA BnchmkIJ0036)
ma 5.txt	bnchmk_k0036	NUM	Total or Weighted Average for Service Area - ISAR-adjusted Bid(MA BnchmkIK0036)
ma 5.txt	bnchmk_l0016	NUM	Statutory Component - Region Weighting(MA BnchmkIL0016)
ma 5.txt	bnchmk_l0017	NUM	Plan Bid Component (from CMS)(MA BnchmkIL0017)
ma 5.txt	bnchmk_l0018	NUM	Standardized A/B Benchmark Weighting(MA BnchmkIL0018)
ma 5.txt	bnchmk_l0024	NUM	Quality Rating - Quality Bonus Rating (per CMS)(MA BnchmkIL0024)
ma 5.txt	bnchmk_l0025	CHAR	Quality Rating - New org/low enrollment indicator (per CMS)(MA BnchmkIL0025)
ma 5.txt	bnchmk_l0026	NUM	Quality Rating - Rebate %(MA BnchmkIL0026)
ma 5.txt	bnchmk_l0036	NUM	Total or Weighted Average for Service Area - Risk Payment Rate A Only(MA BnchmkIL0036)
ma 5.txt	bnchmk_m0016	NUM	Statutory Component - Region N/A(MA BnchmkIM0016)
ma 5.txt	bnchmk_m0017	NUM	Plan Bid Component (from CMS)*(MA BnchmkIM0017)
ma 5.txt	bnchmk_m0018	NUM	Standardized A/B Benchmark Weighting(MA BnchmkIM0018)
ma 5.txt	bnchmk_m0036	NUM	Total or Weighted Average for Service Area - Risk Payment Rate B Only(MA BnchmkIM0036)
ma 5.txt	bnchmk_n0036	NUM	Total or Weighted Average for Service Area - Original Medicare Cost Sharing Inpatient(MA BnchmkIN0036)
ma 5.txt	bnchmk_o0036	NUM	Total or Weighted Average for Service Area - Original Medicare Cost Sharing SNF(MA BnchmkIO0036)
ma 5.txt	bnchmk_p0036	NUM	Total or Weighted Average for Service Area - Original Medicare Cost Sharing Other Pt B(MA BnchmkIP0036)
ma 5.txt	bnchmk_q0036	NUM	Total or Weighted Average for Service Area - FFS costs to weight Inpatient(MA BnchmkIQ0036)
ma 5.txt	bnchmk_r0036	NUM	Total or Weighted Average for Service Area - FFS costs to weight SNF(MA BnchmkIR0036)
ma 5.txt	bnchmk_s0036	NUM	Total or Weighted Average for Service Area - FFS costs to weight Other Pt B(MA BnchmkIS0036)
ma 5.txt	bnchmk_t0036	NUM	Total or Weighted Average for Service Area - Metropolitan Statistical Area MM(MA BnchmkIT0036)
ma 5.txt	bnchmk_t0037	NUM	County Level Detail - Metropolitan Statistical Area MM(MA BnchmkIT0037)
ma 5.txt	bnchmk_u0014	NUM	Projected CY Member Months - Member months entered by county (Sec.VI)(MA BnchmkIU0014)
ma 5.txt	bnchmk_u0015	NUM	Projected CY Member Months - ESRD member months(MA BnchmkIU0015)
ma 5.txt	bnchmk_u0016	NUM	Projected CY Member Months - Hospice member months(MA BnchmkIU0016)
ma 5.txt	bnchmk_u0017	NUM	Projected CY Member Months - Out-of-Area (OOA) member months(MA BnchmkIU0017)
ma 5.txt	bnchmk_u0018	NUM	Projected CY Member Months - Total member months(MA BnchmkIU0018)
ma 5.txt	bnchmk_u0036	CHAR	MSA Name(MA BnchmkIU0036)
ma 5_counti	contract_year	CHAR	Contract Year (2018)
ma 5_counti	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
ma 5_counti	version	NUM	Version Number
ma 5_counti	bnchmk_b0039	CHAR	State County Code 1(MA BnchmkIB0039)
ma 5_counti	bnchmk_c0039	CHAR	State 1(MA BnchmkIC0039)
ma 5_counti	bnchmk_d0039	CHAR	County Name 1(MA BnchmkID0039)
ma 5_counti	bnchmk_e0039	NUM	County 1 - Projected Member Months(MA BnchmkIE0039)
ma 5_counti	bnchmk_f0039	NUM	County 1 - Projected Risk Factors(MA BnchmkIF0039)
ma 5_counti	bnchmk_g0039	NUM	County 1 - Plan Provided ISAR Factors for Risk Rates(MA BnchmkIG0039)
ma 5_counti	bnchmk_h0039	NUM	County 1 - MA Risk Ratebook Unadjusted(MA BnchmkIH0039)

ma_5_counti	bnchmk_j0039	NUM	County 1 - MA Risk Ratebook Risk-adjusted(MA BnchmkI0039)
ma_5_counti	bnchmk_j0039	NUM	County 1 - ISAR Scale(MA BnchmkI0039)
ma_5_counti	bnchmk_k0039	NUM	County 1 - ISAR-adjusted Bid(MA BnchmkIK0039)
ma_5_counti	bnchmk_l0039	NUM	County 1 - Risk Payment Rate A Only(MA BnchmkIL0039)
ma_5_counti	bnchmk_m0039	NUM	County 1 - Risk Payment Rate B Only(MA BnchmkIM0039)
ma_5_counti	bnchmk_n0039	NUM	County 1 - Original Medicare Cost Sharing (c.s.) Inpatient(MA BnchmkIN0039)
ma_5_counti	bnchmk_o0039	NUM	County 1 - Original Medicare Cost Sharing (c.s.) SNF(MA BnchmkIO0039)
ma_5_counti	bnchmk_p0039	NUM	County 1 - Original Medicare cost sharing (c.s.) Pt B (excl HH)(MA BnchmkIP0039)
ma_5_counti	bnchmk_q0039	NUM	County 1 - FFS costs to weight Medicare c.s. Inpatient(MA BnchmkIQ0039)
ma_5_counti	bnchmk_r0039	NUM	County 1 - FFS costs to weight Medicare c.s. SNF(MA BnchmkIR0039)
ma_5_counti	bnchmk_s0039	NUM	County 1 - FFS costs to weight Medicare c.s. Pt B (excl HH)(MA BnchmkIS0039)
ma_5_counti	bnchmk_t0039	NUM	County 1 - Metropolitan Statistical Area MM(MA BnchmkIT0039)
ma_5_counti	bnchmk_u0039	CHAR	County 1 - Metropolitan Statistical Area MSA Name(MA BnchmkIU0039)
ma_6.txt	contract_year	CHAR	Contract Year (2018)
ma_6.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
ma_6.txt	version	NUM	Version Number
ma_6.txt	base_g0005	CHAR	Organization Name(MA BaseIG0005)
ma_6.txt	base_g0007	CHAR	Plan Type(MA BaseIG0007)
ma_6.txt	base_g0008	CHAR	MA-PD(MA BaseIG0008)
ma_6.txt	base_k0005	CHAR	Enrollee Type(MA BaseIK0005)
ma_6.txt	base_k0008	CHAR	SNP Indicator(MA BaseIK0008)
ma_6.txt	base_o0005	CHAR	Region Name(MA BaseIO0005)
ma_6.txt	summ_d0025	NUM	Medicare-covered Net medical cost(MA Bid SummaryID0025)
ma_6.txt	summ_d0027	NUM	Medicare-covered Non-benefit expense(MA Bid SummaryID0027)
ma_6.txt	summ_d0028	NUM	Medicare-covered Gain / loss margin(MA Bid SummaryID0028)
ma_6.txt	summ_d0029	NUM	Total Medicare-covered revenue requirement(MA Bid SummaryID0029)
ma_6.txt	summ_d0031	NUM	Plan A/B Bid Summary: Standardized A/B Benchmark(MA Bid SummaryID0031)
ma_6.txt	summ_d0032	NUM	Plan A/B Bid Summary: Plan A/B Benchmark(MA Bid SummaryID0032)
ma_6.txt	summ_d0033	NUM	Plan A/B Bid Summary: Risk Factor(MA Bid SummaryID0033)
ma_6.txt	summ_d0034	NUM	Plan A/B Bid Summary: Conversion Factor(MA Bid SummaryID0034)
ma_6.txt	summ_d0055	DATE	Date Prepared(MA Bid SummaryID0055)
ma_6.txt	summ_e0014	NUM	Maximum Pt B premium buydown amt., per CMS(MA Bid SummaryIE0014)
ma_6.txt	summ_e0025	NUM	A/B Mandatory Supplemental Net medical cost(MA Bid SummaryIE0025)
ma_6.txt	summ_e0027	NUM	A/B Mandatory Supplemental Non-benefit expense(MA Bid SummaryIE0027)
ma_6.txt	summ_e0028	NUM	A/B Mandatory Supplemental Gain / loss margin(MA Bid SummaryIE0028)
ma_6.txt	summ_e0029	NUM	Total A/B Mandatory Supplemental revenue requirement(MA Bid SummaryIE0029)
ma_6.txt	summ_i0023	NUM	MA Rebate - Medical PMPM Alloc(MA Bid SummaryII0023)
ma_6.txt	summ_i0025	NUM	Rebate PMPM Allocation Medical to Reduce A/B Cost Sharing(MA Bid SummaryII0025)
ma_6.txt	summ_i0026	NUM	Rebate PMPM Allocation Medical to Other A/B Mand Supp Benefits(MA Bid SummaryII0026)
ma_6.txt	summ_i0027	NUM	PMPM Medical Allocation to Pt B Premium Buydown(MA Bid SummaryII0027)
ma_6.txt	summ_i0028	NUM	Rebate PMPM Allocation Medical to Pt D Premium Buydown Basic(MA Bid SummaryII0028)
ma_6.txt	summ_i0029	NUM	Rebate PMPM Allocation Medical to Pt D Premium Buydown Suppl(MA Bid SummaryII0029)
ma_6.txt	summ_i0030	NUM	PMPM Medical Allocation to Total(MA Bid SummaryII0030)
ma_6.txt	summ_j0023	NUM	MA Rebate - PMPM Admin Allocation(MA Bid SummaryIJ0023)
ma_6.txt	summ_j0025	NUM	PMPM Admin Allocation to Reduce A/B Cost Sharing(MA Bid SummaryIJ0025)
ma_6.txt	summ_j0026	NUM	PMPM Admin Allocation to Other A/B Mand Supp Benefits(MA Bid SummaryIJ0026)
ma_6.txt	summ_j0027	NUM	PMPM Admin Allocation to Pt B Premium Buydown(MA Bid SummaryIJ0027)
ma_6.txt	summ_j0028	NUM	PMPM Admin Allocation to Pt D Premium Buydown Basic(MA Bid SummaryIJ0028)
ma_6.txt	summ_j0029	NUM	PMPM Admin Allocation to Pt D Premium Buydown Suppl(MA Bid SummaryIJ0029)
ma_6.txt	summ_j0030	NUM	PMPM Admin Allocation Total(MA Bid SummaryIJ0030)
ma_6.txt	summ_k0023	NUM	MA Rebate - PMPM Allocation Gain/Loss(MA Bid SummaryIK0023)
ma_6.txt	summ_k0025	NUM	Reduce A/B Cost Sharing - PMPM Allocation Gain/Loss(MA Bid SummaryIK0025)
ma_6.txt	summ_k0026	NUM	Other A/B Mandatory Supplemental Benefits - PMPM Allocation Gain/Loss(MA Bid SummaryIK0026)
ma_6.txt	summ_k0027	NUM	Pt B Premium Buydown - PMPM Allocation Gain/Loss(MA Bid SummaryIK0027)
ma_6.txt	summ_k0028	NUM	Pt D Premium Buydown Basic - PMPM Allocation Gain/Loss(MA Bid SummaryIK0028)
ma_6.txt	summ_k0029	NUM	Pt D Premium Buydown Suppl - PMPM Allocation Gain/Loss(MA Bid SummaryIK0029)
ma_6.txt	summ_k0030	NUM	Total PMPM Allocation Gain/Loss(MA Bid SummaryIK0030)
ma_6.txt	summ_l0013	NUM	PMPM Rebate Allocation for Part B Premium(MA Bid SummaryIL0013)
ma_6.txt	summ_l0014	NUM	Part B Rebate Allocation - rounded to one decimal(MA Bid SummaryIL0014)
ma_6.txt	summ_l0023	NUM	Total PMPM Allocation to MA Rebate(MA Bid SummaryIL0023)
ma_6.txt	summ_l0025	NUM	Total PMPM Allocation to Reduce A/B Cost Sharing(MA Bid SummaryIL0025)
ma_6.txt	summ_l0026	NUM	Total PMPM Allocation to Other A/B Mand Supp Benefits(MA Bid SummaryIL0026)
ma_6.txt	summ_l0027	NUM	Total PMPM Allocation to Pt B Premium Buydown(MA Bid SummaryIL0027)
ma_6.txt	summ_l0028	NUM	Total PMPM Allocation to Pt D Premium Buydown Basic(MA Bid SummaryIL0028)
ma_6.txt	summ_l0029	NUM	Total PMPM Allocation to Pt D Premium Buydown Suppl(MA Bid SummaryIL0029)
ma_6.txt	summ_l0030	NUM	Total PMPM Allocation(MA Bid SummaryIL0030)
ma_6.txt	summ_l0031	NUM	MA Unallocated rebate(MA Bid SummaryIL0031)
ma_6.txt	summ_m0025	NUM	Maximum Value for Reduce A/B Cost Share(MA Bid SummaryIM0025)
ma_6.txt	summ_m0026	NUM	Maximum Value for Other Mand Supp Benefits(MA Bid SummaryIM0026)
ma_6.txt	summ_m0027	NUM	Max Value for Pt B Premium Buydown(MA Bid SummaryIM0027)
ma_6.txt	summ_r0013	NUM	Other Information - Rebate Allocations Reduce A/B Cost Sharing (max. value=\$0.00)(MA Bid SummaryIR0013)
ma_6.txt	summ_r0014	NUM	Other Information - Rebate Allocations Other A/B Mand Suppl Benefits (max. value=\$0.00)(MA Bid SummaryIR0014)
ma_6.txt	summ_r0022	NUM	Estimated Plan Premium A/B Mandatory Supplemental revenue requirements(MA Bid SummaryIR0022)
ma_6.txt	summ_r0024	NUM	Estimated Plan Premium Reduce A/B Cost Sharing(MA Bid SummaryIR0024)
ma_6.txt	summ_r0025	NUM	Estimated Plan Premium Other A/B Mand Supplemental Benefits(MA Bid SummaryIR0025)
ma_6.txt	summ_r0027	NUM	Estimated Plan Premium A/B Mandatory Supplemental Premium(MA Bid SummaryIR0027)
ma_6.txt	summ_r0029	NUM	Estimated Plan Premium Basic MA Premium(MA Bid SummaryIR0029)
ma_6.txt	summ_r0030	NUM	Estimated Plan Premium Total MA Enrollee Premium (excl. Opt. Suppl.)(MA Bid SummaryIR0030)
ma_6.txt	summ_r0031	NUM	Estimated Plan Premium Rounded MA Premium (excl. Opt. Suppl.) Subtotal(MA Bid SummaryIR0031)
ma_6.txt	summ_r0035	NUM	Estimated Plan Premium A/B rebates allocated to Pt D Basic Premium(MA Bid SummaryIR0035)
ma_6.txt	summ_r0036	NUM	Estimated Plan Premium A/B rebates for Part D Basic Premium (rounded)(MA Bid SummaryIR0036)
ma_6.txt	summ_r0041	NUM	Estimated Plan Premium A/B Rebates allocated to Pt D Suppl Premium(MA Bid SummaryIR0041)
ma_6.txt	summ_r0042	NUM	Estimated Plan Premium A/B Rebates for Pt D Suppl Premium (rounded)(MA Bid SummaryIR0042)
ma_7.txt	contract_year	CHAR	Contract Year (2018)
ma_7.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
ma_7.txt	version	NUM	Version Number
ma_7.txt	base_g0005	CHAR	Organization Name(MA BaseIG0005)
ma_7.txt	base_g0007	CHAR	Plan Type(MA BaseIG0007)

ma_7.txt	base_g0008	CHAR	MA-PD(MA BaseIG0008)
ma_7.txt	base_k0005	CHAR	Enrollee Type(MA BaseIK0005)
ma_7.txt	base_k0008	CHAR	SNP Indicator(MA BaseIK0008)
ma_7.txt	base_o0005	CHAR	Region Name(MA BaseIO0005)
ma_7.txt	opt_sup_b0016	NUM	Package ID 1(Optional SupplementalID0016)
ma_7.txt	opt_sup_b0017	NUM	Package ID 2(Optional SupplementalID0017)
ma_7.txt	opt_sup_b0018	NUM	Package ID 3(Optional SupplementalID0018)
ma_7.txt	opt_sup_b0019	NUM	Package ID 4(Optional SupplementalID0019)
ma_7.txt	opt_sup_b0020	NUM	Package ID 5(Optional SupplementalID0020)
ma_7.txt	opt_sup_c0016	CHAR	Optional Supplemental Package 1 Description(Optional SupplementalIC0016)
ma_7.txt	opt_sup_c0017	CHAR	Optional Supplemental Package 2 Description(Optional SupplementalIC0017)
ma_7.txt	opt_sup_c0018	CHAR	Optional Supplemental Package 3 Description(Optional SupplementalIC0018)
ma_7.txt	opt_sup_c0019	CHAR	Optional Supplemental Package 4 Description(Optional SupplementalIC0019)
ma_7.txt	opt_sup_c0020	CHAR	Optional Supplemental Package 5 Description(Optional SupplementalIC0020)
ma_7.txt	opt_sup_d0016	NUM	Package 1 Total Allowed medical expense PMPM(Optional SupplementalID0016)
ma_7.txt	opt_sup_d0017	NUM	Package 2 Total Allowed medical expense PMPM(Optional SupplementalID0017)
ma_7.txt	opt_sup_d0018	NUM	Package 3 Total Allowed medical expense PMPM(Optional SupplementalID0018)
ma_7.txt	opt_sup_d0019	NUM	Package 4 Total Allowed medical expense PMPM(Optional SupplementalID0019)
ma_7.txt	opt_sup_d0020	NUM	Package 5 Total Allowed medical expense PMPM(Optional SupplementalID0020)
ma_7.txt	opt_sup_e0021	NUM	Weighted Average Total Allowed medical expense PMPM(Optional SupplementalID0021)
ma_7.txt	opt_sup_e0016	NUM	Package 1 Total Enrollee cost sharing PMPM(Optional SupplementalIE0016)
ma_7.txt	opt_sup_e0017	NUM	Package 2 Total Enrollee cost sharing PMPM(Optional SupplementalIE0017)
ma_7.txt	opt_sup_e0018	NUM	Package 3 Total Enrollee cost sharing PMPM(Optional SupplementalIE0018)
ma_7.txt	opt_sup_e0019	NUM	Package 4 Total Enrollee cost sharing PMPM(Optional SupplementalIE0019)
ma_7.txt	opt_sup_e0020	NUM	Package 5 Total Enrollee cost sharing PMPM(Optional SupplementalIE0020)
ma_7.txt	opt_sup_e0021	NUM	Weighted Average Total Enrollee cost sharing PMPM(Optional SupplementalIE0021)
ma_7.txt	opt_sup_f0016	NUM	Package 1 Total Net PMPM Value(Optional SupplementalIF0016)
ma_7.txt	opt_sup_f0017	NUM	Package 2 Total Net PMPM Value(Optional SupplementalIF0017)
ma_7.txt	opt_sup_f0018	NUM	Package 3 Total Net PMPM Value(Optional SupplementalIF0018)
ma_7.txt	opt_sup_f0019	NUM	Package 4 Total Net PMPM Value(Optional SupplementalIF0019)
ma_7.txt	opt_sup_f0020	NUM	Package 5 Total Net PMPM Value(Optional SupplementalIF0020)
ma_7.txt	opt_sup_f0021	NUM	Weighted Average Total Net PMPM Value(Optional SupplementalIF0021)
ma_7.txt	opt_sup_f0030	NUM	All OSB Packages Total Dollars - Base Period Net Medical Expenses(Optional SupplementalIF0030)
ma_7.txt	opt_sup_f0031	NUM	All OSB Packages PMPM - Base Period Net Medical Expenses(Optional SupplementalIF0031)
ma_7.txt	opt_sup_g0016	NUM	Package 1 Total Non-Benefit Expense(Optional SupplementalIG0016)
ma_7.txt	opt_sup_g0017	NUM	Package 2 Total Non-Benefit Expense(Optional SupplementalIG0017)
ma_7.txt	opt_sup_g0018	NUM	Package 3 Total Non-Benefit Expense(Optional SupplementalIG0018)
ma_7.txt	opt_sup_g0019	NUM	Package 4 Total Non-Benefit Expense(Optional SupplementalIG0019)
ma_7.txt	opt_sup_g0020	NUM	Package 5 Total Non-Benefit Expense(Optional SupplementalIG0020)
ma_7.txt	opt_sup_g0021	NUM	Weighted Average Total Non-Benefit Expense(Optional SupplementalIG0021)
ma_7.txt	opt_sup_g0030	NUM	All OSB Packages Total Dollars - Base Period Non-Benefit Expenses(Optional SupplementalIG0030)
ma_7.txt	opt_sup_g0031	NUM	All OSB Packages PMPM - Base Period Non-Benefit Expenses(Optional SupplementalIG0031)
ma_7.txt	opt_sup_h0016	NUM	Package 1 Total Gain/(Loss) Margin(Optional SupplementalIH0016)
ma_7.txt	opt_sup_h0017	NUM	Package 2 Total Gain/(Loss) Margin(Optional SupplementalIH0017)
ma_7.txt	opt_sup_h0018	NUM	Package 3 Total Gain/(Loss) Margin(Optional SupplementalIH0018)
ma_7.txt	opt_sup_h0019	NUM	Package 4 Total Gain/(Loss) Margin(Optional SupplementalIH0019)
ma_7.txt	opt_sup_h0020	NUM	Package 5 Total Gain/(Loss) Margin(Optional SupplementalIH0020)
ma_7.txt	opt_sup_h0021	NUM	Weighted Average Total Gain/(Loss) Margin(Optional SupplementalIH0021)
ma_7.txt	opt_sup_h0030	NUM	All OSB Packages Total Dollars - Base Period Gain/(Loss) Margin(Optional SupplementalIH0030)
ma_7.txt	opt_sup_h0031	NUM	All OSB Packages PMPM - Base Period Gain/(Loss) Margin(Optional SupplementalIH0031)
ma_7.txt	opt_sup_i0016	NUM	Package 1 Total Premium(Optional SupplementalII0016)
ma_7.txt	opt_sup_i0017	NUM	Package 2 Total Premium(Optional SupplementalII0017)
ma_7.txt	opt_sup_i0018	NUM	Package 3 Total Premium(Optional SupplementalII0018)
ma_7.txt	opt_sup_i0019	NUM	Package 4 Total Premium(Optional SupplementalII0019)
ma_7.txt	opt_sup_i0020	NUM	Package 5 Total Premium(Optional SupplementalII0020)
ma_7.txt	opt_sup_i0021	NUM	Weighted Average Total Premium(Optional SupplementalII0021)
ma_7.txt	opt_sup_i0030	NUM	All OSB Packages Total Dollars - Premium(Optional SupplementalII0030)
ma_7.txt	opt_sup_i0031	NUM	All OSB Packages PMPM - Premium(Optional SupplementalII0031)
ma_7.txt	opt_sup_j0016	NUM	Package 1 Total Projected Member Months(Optional SupplementalIJ0016)
ma_7.txt	opt_sup_j0017	NUM	Package 2 Total Projected Member Months(Optional SupplementalIJ0017)
ma_7.txt	opt_sup_j0018	NUM	Package 3 Total Projected Member Months(Optional SupplementalIJ0018)
ma_7.txt	opt_sup_j0019	NUM	Package 4 Total Projected Member Months(Optional SupplementalIJ0019)
ma_7.txt	opt_sup_j0020	NUM	Package 5 Total Projected Member Months(Optional SupplementalIJ0020)
ma_7.txt	opt_sup_j0021	NUM	Weighted Average Projected Member Months(Optional SupplementalIJ0021)
ma_7.txt	opt_sup_j0030	NUM	All OSB Packages - Base Period Total Member Months(Optional SupplementalIJ0030)
msa_1.txt	contract_year	CHAR	Contract Year (2018)
msa_1.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
msa_1.txt	version	NUM	Version Number
msa_1.txt	msa_base_d0005	CHAR	Contract Number(MSA BaseID0005)
msa_1.txt	msa_base_d0006	CHAR	Plan ID(MSA BaseID0006)
msa_1.txt	msa_base_d0007	CHAR	Segment ID(MSA BaseID0007)
msa_1.txt	msa_base_d0008	CHAR	Contract Year(MSA BaseID0008)
msa_1.txt	msa_base_e0014	DATE	Time Period Definition - Incurred from(MSA BaseIE0014)
msa_1.txt	msa_base_e0015	DATE	Time Period Definition - Incurred to(MSA BaseIE0015)
msa_1.txt	msa_base_e0016	DATE	Time Period Definition - Paid through(MSA BaseIE0016)
msa_1.txt	msa_base_e0027	NUM	Inpatient Facility Utilizers(MSA BaseIE0027)
msa_1.txt	msa_base_e0028	NUM	Skilled Nursing Facility Utilizers(MSA BaseIE0028)
msa_1.txt	msa_base_e0029	NUM	Home Health Utilizers(MSA BaseIE0029)
msa_1.txt	msa_base_e0030	NUM	Ambulance Utilizers(MSA BaseIE0030)
msa_1.txt	msa_base_e0031	NUM	DME/Prosthetics/Diabetes Utilizers(MSA BaseIE0031)
msa_1.txt	msa_base_e0032	NUM	OP Facility - Emergency Utilizers(MSA BaseIE0032)
msa_1.txt	msa_base_e0033	NUM	OP Facility - Surgery Utilizers(MSA BaseIE0033)
msa_1.txt	msa_base_e0034	NUM	OP Facility - Other Utilizers(MSA BaseIE0034)
msa_1.txt	msa_base_e0035	NUM	Professional Utilizers(MSA BaseIE0035)
msa_1.txt	msa_base_e0036	NUM	Part B Rx Utilizers(MSA BaseIE0036)
msa_1.txt	msa_base_e0037	NUM	Other Medicare Part B Utilizers(MSA BaseIE0037)
msa_1.txt	msa_base_f0027	CHAR	Inpatient Facility Util Type(MSA BaseIF0027)
msa_1.txt	msa_base_f0028	CHAR	Skilled Nursing Facility Util Type(MSA BaseIF0028)

msa_1.txt	msa_base_f0029	CHAR	Home Health Util Type(MSA Base\F0029)
msa_1.txt	msa_base_f0030	CHAR	Ambulance Util Type(MSA Base\F0030)
msa_1.txt	msa_base_f0031	CHAR	DME/Prosthetics/Diabetes Util Type(MSA Base\F0031)
msa_1.txt	msa_base_f0032	CHAR	OP Facility - Emergency Util Type(MSA Base\F0032)
msa_1.txt	msa_base_f0033	CHAR	OP Facility - Surgery Util Type(MSA Base\F0033)
msa_1.txt	msa_base_f0034	CHAR	OP Facility - Other Util Type(MSA Base\F0034)
msa_1.txt	msa_base_f0035	CHAR	Professional Util Type(MSA Base\F0035)
msa_1.txt	msa_base_f0036	CHAR	Part B Rx Util Type(MSA Base\F0036)
msa_1.txt	msa_base_f0037	CHAR	Other Medicare Covered Util Type(MSA Base\F0037)
msa_1.txt	msa_base_g0005	CHAR	Organization Name(MSA Base\G0005)
msa_1.txt	msa_base_g0006	CHAR	Plan Name(MSA Base\G0006)
msa_1.txt	msa_base_g0007	CHAR	Plan Type(MSA Base\G0007)
msa_1.txt	msa_base_g0008	NUM	Deductible Amount(MSA Base\G0008)
msa_1.txt	msa_base_g0027	NUM	Inpatient Facility Util/1000(MSA Base\G0027)
msa_1.txt	msa_base_g0028	NUM	Skilled Nursing Facility Util/1000(MSA Base\G0028)
msa_1.txt	msa_base_g0029	NUM	Home Health Util/1000(MSA Base\G0029)
msa_1.txt	msa_base_g0030	NUM	Ambulance Util/1000(MSA Base\G0030)
msa_1.txt	msa_base_g0031	NUM	DME/Prosthetics/Diabetes Util/1000(MSA Base\G0031)
msa_1.txt	msa_base_g0032	NUM	OP Facility - Emergency Util/1000(MSA Base\G0032)
msa_1.txt	msa_base_g0033	NUM	OP Facility - Surgery Util/1000(MSA Base\G0033)
msa_1.txt	msa_base_g0034	NUM	OP Facility - Other Util/1000(MSA Base\G0034)
msa_1.txt	msa_base_g0035	NUM	Professional Util/1000(MSA Base\G0035)
msa_1.txt	msa_base_g0036	NUM	Part B Rx Util/1000(MSA Base\G0036)
msa_1.txt	msa_base_g0037	NUM	Other Medicare Covered Util/1000(MSA Base\G0037)
msa_1.txt	msa_base_h0027	NUM	Inpatient Facility Avg Cost per Unit(MSA Base\H0027)
msa_1.txt	msa_base_h0028	NUM	Skilled Nursing Facility Avg Cost per Unit(MSA Base\H0028)
msa_1.txt	msa_base_h0029	NUM	Home Health Avg Cost per Unit(MSA Base\H0029)
msa_1.txt	msa_base_h0030	NUM	Ambulance Avg Cost per Unit(MSA Base\H0030)
msa_1.txt	msa_base_h0031	NUM	DME/Prosthetics/Diabetes Avg Cost per Unit(MSA Base\H0031)
msa_1.txt	msa_base_h0032	NUM	OP Facility - Emergency Avg Cost per Unit(MSA Base\H0032)
msa_1.txt	msa_base_h0033	NUM	OP Facility - Surgery Avg Cost per Unit(MSA Base\H0033)
msa_1.txt	msa_base_h0034	NUM	OP Facility - Other Avg Cost per Unit(MSA Base\H0034)
msa_1.txt	msa_base_h0035	NUM	Professional Avg Cost per Unit(MSA Base\H0035)
msa_1.txt	msa_base_h0036	NUM	Part B Rx Avg Cost per Unit(MSA Base\H0036)
msa_1.txt	msa_base_h0037	NUM	Other Medicare Covered Avg Cost per Unit(MSA Base\H0037)
msa_1.txt	msa_base_i0013	NUM	Member Months(MSA Base\I0013)
msa_1.txt	msa_base_i0014	NUM	Risk Score(MSA Base\I0014)
msa_1.txt	msa_base_i0015	NUM	Completion Factor(MSA Base\I0015)
msa_1.txt	msa_base_i0027	NUM	Inpatient Facility Allowed PMPM(MSA Base\I0027)
msa_1.txt	msa_base_i0028	NUM	Skilled Nursing Facility Allowed PMPM(MSA Base\I0028)
msa_1.txt	msa_base_i0029	NUM	Home Health Allowed PMPM(MSA Base\I0029)
msa_1.txt	msa_base_i0030	NUM	Ambulance Allowed PMPM(MSA Base\I0030)
msa_1.txt	msa_base_i0031	NUM	DME/Prosthetics/Diabetes Allowed PMPM(MSA Base\I0031)
msa_1.txt	msa_base_i0032	NUM	OP Facility - Emergency Allowed PMPM(MSA Base\I0032)
msa_1.txt	msa_base_i0033	NUM	OP Facility - Surgery Allowed PMPM(MSA Base\I0033)
msa_1.txt	msa_base_i0034	NUM	OP Facility - Other Allowed PMPM(MSA Base\I0034)
msa_1.txt	msa_base_i0035	NUM	Professional Allowed PMPM(MSA Base\I0035)
msa_1.txt	msa_base_i0036	NUM	Part B Rx Allowed PMPM(MSA Base\I0036)
msa_1.txt	msa_base_i0037	NUM	Other Medicare Covered Allowed PMPM(MSA Base\I0037)
msa_1.txt	msa_base_i0038	NUM	COB/Subrg. (outside claim system) Allowed PMPM(MSA Base\I0038)
msa_1.txt	msa_base_i0039	NUM	Total Medicare-Covered Medical Expenses Allowed PMPM(MSA Base\I0039)
msa_1.txt	msa_base_j0027	NUM	Inpatient Facility [Util /1000 Trend](MSA Base\J0027)
msa_1.txt	msa_base_j0028	NUM	Skilled Nursing Facility [Util /1000 Trend](MSA Base\J0028)
msa_1.txt	msa_base_j0029	NUM	Home Health [Util /1000 Trend](MSA Base\J0029)
msa_1.txt	msa_base_j0030	NUM	Ambulance [Util /1000 Trend](MSA Base\J0030)
msa_1.txt	msa_base_j0031	NUM	DME/Prosthetics/Diabetes [Util /1000 Trend](MSA Base\J0031)
msa_1.txt	msa_base_j0032	NUM	OP Facility - Emergency [Util /1000 Trend](MSA Base\J0032)
msa_1.txt	msa_base_j0033	NUM	OP Facility - Surgery [Util /1000 Trend](MSA Base\J0033)
msa_1.txt	msa_base_j0034	NUM	OP Facility - Other [Util /1000 Trend](MSA Base\J0034)
msa_1.txt	msa_base_j0035	NUM	Professional [Util /1000 Trend](MSA Base\J0035)
msa_1.txt	msa_base_j0036	NUM	Part B Rx [Util /1000 Trend](MSA Base\J0036)
msa_1.txt	msa_base_j0037	NUM	Other Medicare Covered [Util /1000 Trend](MSA Base\J0037)
msa_1.txt	msa_base_j0038	NUM	COB/Subrg. (outside claim system) [Util /1000 Trend](MSA Base\J0038)
msa_1.txt	msa_base_k0005	CHAR	Enrollee Type(MSA Base\K0005)
msa_1.txt	msa_base_k0027	NUM	Inpatient Facility [Benefit Plan Change](MSA Base\K0027)
msa_1.txt	msa_base_k0028	NUM	Skilled Nursing Facility [Benefit Plan Change](MSA Base\K0028)
msa_1.txt	msa_base_k0029	NUM	Home Health [Benefit Plan Change](MSA Base\K0029)
msa_1.txt	msa_base_k0030	NUM	Ambulance [Benefit Plan Change](MSA Base\K0030)
msa_1.txt	msa_base_k0031	NUM	DME/Prosthetics/Diabetes [Benefit Plan Change](MSA Base\K0031)
msa_1.txt	msa_base_k0032	NUM	OP Facility - Emergency [Benefit Plan Change](MSA Base\K0032)
msa_1.txt	msa_base_k0033	NUM	OP Facility - Surgery [Benefit Plan Change](MSA Base\K0033)
msa_1.txt	msa_base_k0034	NUM	OP Facility - Other [Benefit Plan Change](MSA Base\K0034)
msa_1.txt	msa_base_k0035	NUM	Professional [Benefit Plan Change](MSA Base\K0035)
msa_1.txt	msa_base_k0036	NUM	Part B Rx [Benefit Plan Change](MSA Base\K0036)
msa_1.txt	msa_base_k0037	NUM	Other Medicare Covered [Benefit Plan Change](MSA Base\K0037)
msa_1.txt	msa_base_k0038	NUM	COB/Subrg. (outside claim system) [Benefit Plan Change](MSA Base\K0038)
msa_1.txt	msa_base_l0027	NUM	Inpatient Facility [Population Change](MSA Base\L0027)
msa_1.txt	msa_base_l0028	NUM	Skilled Nursing Facility [Population Change](MSA Base\L0028)
msa_1.txt	msa_base_l0029	NUM	Home Health [Population Change](MSA Base\L0029)
msa_1.txt	msa_base_l0030	NUM	Ambulance [Population Change](MSA Base\L0030)
msa_1.txt	msa_base_l0031	NUM	DME/Prosthetics/Diabetes [Population Change](MSA Base\L0031)
msa_1.txt	msa_base_l0032	NUM	OP Facility - Emergency [Population Change](MSA Base\L0032)
msa_1.txt	msa_base_l0033	NUM	OP Facility - Surgery [Population Change](MSA Base\L0033)
msa_1.txt	msa_base_l0034	NUM	OP Facility - Other [Population Change](MSA Base\L0034)
msa_1.txt	msa_base_l0035	NUM	Professional [Population Change](MSA Base\L0035)
msa_1.txt	msa_base_l0036	NUM	Part B Rx [Population Change](MSA Base\L0036)
msa_1.txt	msa_base_l0037	NUM	Other Medicare Covered [Population Change](MSA Base\L0037)
msa_1.txt	msa_base_l0038	NUM	COB/Subrg. (outside claim system) [Population Change](MSA Base\L0038)

msa_1.txt	msa_base_m0027	NUM	Inpatient Facility [Other Factor](MSA BaseIM0027)
msa_1.txt	msa_base_m0028	NUM	Skilled Nursing Facility [Other Factor](MSA BaseIM0028)
msa_1.txt	msa_base_m0029	NUM	Home Health [Other Factor](MSA BaseIM0029)
msa_1.txt	msa_base_m0030	NUM	Ambulance [Other Factor](MSA BaseIM0030)
msa_1.txt	msa_base_m0031	NUM	DME/Prosthetics/Diabetes [Other Factor](MSA BaseIM0031)
msa_1.txt	msa_base_m0032	NUM	OP Facility - Emergency [Other Factor](MSA BaseIM0032)
msa_1.txt	msa_base_m0033	NUM	OP Facility - Surgery [Other Factor](MSA BaseIM0033)
msa_1.txt	msa_base_m0034	NUM	OP Facility - Other [Other Factor](MSA BaseIM0034)
msa_1.txt	msa_base_m0035	NUM	Professional [Other Factor](MSA BaseIM0035)
msa_1.txt	msa_base_m0036	NUM	Part B Rx [Other Factor](MSA BaseIM0036)
msa_1.txt	msa_base_m0037	NUM	Other Medicare Covered [Other Factor](MSA BaseIM0037)
msa_1.txt	msa_base_m0038	NUM	COB/Subrg. (outside claim system) [Other Factor](MSA BaseIM0038)
msa_1.txt	msa_base_n0014	CHAR	Contr-Plan-Seg ID - a(MSA BaseIN0014)
msa_1.txt	msa_base_n0015	CHAR	Contr-Plan-Seg ID - b(MSA BaseIN0015)
msa_1.txt	msa_base_n0016	CHAR	Contr-Plan-Seg ID - c(MSA BaseIN0016)
msa_1.txt	msa_base_n0017	CHAR	Contr-Plan-Seg ID - d(MSA BaseIN0017)
msa_1.txt	msa_base_n0027	NUM	Inpatient Facility [Unit Cost/Intensity Trend](MSA BaseIN0027)
msa_1.txt	msa_base_n0028	NUM	Skilled Nursing Facility [Unit Cost/Intensity Trend](MSA BaseIN0028)
msa_1.txt	msa_base_n0029	NUM	Home Health [Unit Cost/Intensity Trend](MSA BaseIN0029)
msa_1.txt	msa_base_n0030	NUM	Ambulance [Unit Cost/Intensity Trend](MSA BaseIN0030)
msa_1.txt	msa_base_n0031	NUM	DME/Prosthetics/Diabetes [Unit Cost/Intensity Trend](MSA BaseIN0031)
msa_1.txt	msa_base_n0032	NUM	OP Facility - Emergency [Unit Cost/Intensity Trend](MSA BaseIN0032)
msa_1.txt	msa_base_n0033	NUM	OP Facility - Surgery [Unit Cost/Intensity Trend](MSA BaseIN0033)
msa_1.txt	msa_base_n0034	NUM	OP Facility - Other [Unit Cost/Intensity Trend](MSA BaseIN0034)
msa_1.txt	msa_base_n0035	NUM	Professional [Unit Cost/Intensity Trend](MSA BaseIN0035)
msa_1.txt	msa_base_n0036	NUM	Part B Rx [Unit Cost/Intensity Trend](MSA BaseIN0036)
msa_1.txt	msa_base_n0037	NUM	Other Medicare Covered [Unit Cost/Intensity Trend](MSA BaseIN0037)
msa_1.txt	msa_base_n0038	NUM	COB/Subrg. (outside claim system) [Unit Cost/Intensity Trend](MSA BaseIN0038)
msa_1.txt	msa_base_o0014	NUM	% of MMs - a(MSA BaseIO0014)
msa_1.txt	msa_base_o0015	NUM	% of MMs - b(MSA BaseIO0015)
msa_1.txt	msa_base_o0016	NUM	% of MMs - c(MSA BaseIO0016)
msa_1.txt	msa_base_o0017	NUM	% of MMs - d(MSA BaseIO0017)
msa_1.txt	msa_base_o0027	NUM	Inpatient Facility [Additive Adjustment Util/1000](MSA BaseIO0027)
msa_1.txt	msa_base_o0028	NUM	Skilled Nursing Facility [Additive Adjustment Util/1000](MSA BaseIO0028)
msa_1.txt	msa_base_o0029	NUM	Home Health [Additive Adjustment Util/1000](MSA BaseIO0029)
msa_1.txt	msa_base_o0030	NUM	Ambulance [Additive Adjustment Util/1000](MSA BaseIO0030)
msa_1.txt	msa_base_o0031	NUM	DME/Prosthetics/Diabetes [Additive Adjustment Util/1000](MSA BaseIO0031)
msa_1.txt	msa_base_o0032	NUM	OP Facility - Emergency [Additive Adjustment Util/1000](MSA BaseIO0032)
msa_1.txt	msa_base_o0033	NUM	OP Facility - Surgery [Additive Adjustment Util/1000](MSA BaseIO0033)
msa_1.txt	msa_base_o0034	NUM	OP Facility - Other [Additive Adjustment Util/1000](MSA BaseIO0034)
msa_1.txt	msa_base_o0035	NUM	Professional [Additive Adjustment Util/1000](MSA BaseIO0035)
msa_1.txt	msa_base_o0036	NUM	Part B Rx [Additive Adjustment Util/1000](MSA BaseIO0036)
msa_1.txt	msa_base_o0037	NUM	Other Medicare Covered [Additive Adjustment Util/1000](MSA BaseIO0037)
msa_1.txt	msa_base_p0027	NUM	Inpatient Facility [Additive Adjustment PMPM](MSA BaseIP0027)
msa_1.txt	msa_base_p0028	NUM	Skilled Nursing Facility [Additive Adjustment PMPM](MSA BaseIP0028)
msa_1.txt	msa_base_p0029	NUM	Home Health [Additive Adjustment PMPM](MSA BaseIP0029)
msa_1.txt	msa_base_p0030	NUM	Ambulance [Additive Adjustment PMPM](MSA BaseIP0030)
msa_1.txt	msa_base_p0031	NUM	DME/Prosthetics/Diabetes [Additive Adjustment PMPM](MSA BaseIP0031)
msa_1.txt	msa_base_p0032	NUM	OP Facility - Emergency [Additive Adjustment PMPM](MSA BaseIP0032)
msa_1.txt	msa_base_p0033	NUM	OP Facility - Surgery [Additive Adjustment PMPM](MSA BaseIP0033)
msa_1.txt	msa_base_p0034	NUM	OP Facility - Other [Additive Adjustment PMPM](MSA BaseIP0034)
msa_1.txt	msa_base_p0035	NUM	Professional [Additive Adjustment PMPM](MSA BaseIP0035)
msa_1.txt	msa_base_p0036	NUM	Part B Rx [Additive Adjustment PMPM](MSA BaseIP0036)
msa_1.txt	msa_base_p0037	NUM	Other Medicare Covered [Additive Adjustment PMPM](MSA BaseIP0037)
msa_1.txt	msa_base_p0038	NUM	COB/Subrg. (outside claim system) [Additive Adjustment PMPM](MSA BaseIP0038)
msa_2.txt	contract_year	CHAR	Contract Year (2018)
msa_2.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
msa_2.txt	version	NUM	Version Number
msa_2.txt	msa_allow_e0020	CHAR	Inpatient Facility Util Type(MSA AllowedIE0020)
msa_2.txt	msa_allow_e0021	CHAR	Skilled Nursing Facility Util Type(MSA AllowedIE0021)
msa_2.txt	msa_allow_e0022	CHAR	Home Health Util Type(MSA AllowedIE0022)
msa_2.txt	msa_allow_e0023	CHAR	Ambulance Util Type(MSA AllowedIE0023)
msa_2.txt	msa_allow_e0024	CHAR	DME/Prosthetics/Diabetes Util Type(MSA AllowedIE0024)
msa_2.txt	msa_allow_e0025	CHAR	OP Facility - Emergency Util Type(MSA AllowedIE0025)
msa_2.txt	msa_allow_e0026	CHAR	OP Facility - Surgery Util Type(MSA AllowedIE0026)
msa_2.txt	msa_allow_e0027	CHAR	OP Facility - Other Util Type(MSA AllowedIE0027)
msa_2.txt	msa_allow_e0028	CHAR	Professional Util Type(MSA AllowedIE0028)
msa_2.txt	msa_allow_e0029	CHAR	Part B Rx Util Type(MSA AllowedIE0029)
msa_2.txt	msa_allow_e0030	CHAR	Other Medicare Covered Util Type(MSA AllowedIE0030)
msa_2.txt	msa_allow_f0020	NUM	Inpatient Facility - Annual Utilization/1000(MSA AllowedIF0020)
msa_2.txt	msa_allow_f0021	NUM	Skilled Nursing Facility - Annual Utilization/1000(MSA AllowedIF0021)
msa_2.txt	msa_allow_f0022	NUM	Home Health - Annual Utilization/1000(MSA AllowedIF0022)
msa_2.txt	msa_allow_f0023	NUM	Ambulance - Annual Utilization/1000(MSA AllowedIF0023)
msa_2.txt	msa_allow_f0024	NUM	DME/Prosthetics/Diabetes - Annual Utilization/1000(MSA AllowedIF0024)
msa_2.txt	msa_allow_f0025	NUM	Outpatient Facility - Emergency - Annual Utilization/1000(MSA AllowedIF0025)
msa_2.txt	msa_allow_f0026	NUM	Outpatient Facility - Surgery - Annual Utilization/1000(MSA AllowedIF0026)
msa_2.txt	msa_allow_f0027	NUM	Outpatient Facility - Other - Annual Utilization/1000(MSA AllowedIF0027)
msa_2.txt	msa_allow_f0028	NUM	Professional - Annual Utilization/1000(MSA AllowedIF0028)
msa_2.txt	msa_allow_f0029	NUM	Part B Rx - Annual Utilization/1000(MSA AllowedIF0029)
msa_2.txt	msa_allow_f0030	NUM	Other Medicare Covered - Annual Utilization/1000(MSA AllowedIF0030)
msa_2.txt	msa_allow_g0020	NUM	Inpatient Facility - Projected Experience Rate(MSA AllowedIG0020)
msa_2.txt	msa_allow_g0021	NUM	Skilled Nursing Facility - Projected Experience Rate(MSA AllowedIG0021)
msa_2.txt	msa_allow_g0022	NUM	Home Health - Projected Experience Rate(MSA AllowedIG0022)
msa_2.txt	msa_allow_g0023	NUM	Ambulance - Projected Experience Rate(MSA AllowedIG0023)
msa_2.txt	msa_allow_g0024	NUM	DME/Prosthetics/Diabetes - Projected Experience Rate(MSA AllowedIG0024)
msa_2.txt	msa_allow_g0025	NUM	Outpatient Facility - Emergency - Projected Experience Rate(MSA AllowedIG0025)
msa_2.txt	msa_allow_g0026	NUM	Outpatient Facility - Surgery - Projected Experience Rate(MSA AllowedIG0026)
msa_2.txt	msa_allow_g0027	NUM	Outpatient Facility - Other - Projected Experience Rate(MSA AllowedIG0027)

msa_2.txt	msa_allow_g0028	NUM	Professional - Projected Experience Rate(MSA AllowedIG0028)
msa_2.txt	msa_allow_g0029	NUM	Part B Rx - Projected Experience Rate(MSA AllowedIG0029)
msa_2.txt	msa_allow_g0030	NUM	Other Medicare Covered - Projected Experience Rate(MSA AllowedIG0030)
msa_2.txt	msa_allow_h0013	NUM	Contract Year Allowed Costs at Plan's Risk Factor:(MSA AllowedIH0013)
msa_2.txt	msa_allow_h0020	NUM	Inpatient Facility Projected Allowed PMPM(MSA AllowedIH0020)
msa_2.txt	msa_allow_h0021	NUM	Skilled Nursing Facility Projected Allowed PMPM(MSA AllowedIH0021)
msa_2.txt	msa_allow_h0022	NUM	Home Health Projected Allowed PMPM(MSA AllowedIH0022)
msa_2.txt	msa_allow_h0023	NUM	Ambulance Projected Allowed PMPM(MSA AllowedIH0023)
msa_2.txt	msa_allow_h0024	NUM	DME/Prosthetics/Diabetes Projected Allowed PMPM(MSA AllowedIH0024)
msa_2.txt	msa_allow_h0025	NUM	Outpatient Facility - Emergency Projected Allowed PMPM(MSA AllowedIH0025)
msa_2.txt	msa_allow_h0026	NUM	Outpatient Facility - Surgery Projected Allowed PMPM(MSA AllowedIH0026)
msa_2.txt	msa_allow_h0027	NUM	Outpatient Facility - Other Projected Allowed PMPM(MSA AllowedIH0027)
msa_2.txt	msa_allow_h0028	NUM	Professional Projected Allowed PMPM(MSA AllowedIH0028)
msa_2.txt	msa_allow_h0029	NUM	Part B Rx Projected Allowed PMPM(MSA AllowedIH0029)
msa_2.txt	msa_allow_h0030	NUM	Other Medicare Covered Projected Allowed PMPM(MSA AllowedIH0030)
msa_2.txt	msa_allow_h0031	NUM	COB/Subrg. (outside claim system) Projected Allowed PMPM(MSA AllowedIH0031)
msa_2.txt	msa_allow_h0032	NUM	Total Medicare Covered Medical Expenses Projected Allowed PMPM(MSA AllowedIH0032)
msa_2.txt	msa_allow_i0020	NUM	Inpatient Facility - Manual Annual Utilization/1000(MSA AllowedII0020)
msa_2.txt	msa_allow_i0021	NUM	Skilled Nursing Facility - Manual Annual Utilization/1000(MSA AllowedII0021)
msa_2.txt	msa_allow_i0022	NUM	Home Health - Manual Annual Utilization/1000(MSA AllowedII0022)
msa_2.txt	msa_allow_i0023	NUM	Ambulance - Manual Annual Utilization/1000(MSA AllowedII0023)
msa_2.txt	msa_allow_i0024	NUM	DME/Prosthetics/Diabetes - Manual Annual Utilization/1000(MSA AllowedII0024)
msa_2.txt	msa_allow_i0025	NUM	Outpatient Facility - Emergency - Manual Annual Utilization/1000(MSA AllowedII0025)
msa_2.txt	msa_allow_i0026	NUM	Outpatient Facility - Surgery - Manual Annual Utilization/1000(MSA AllowedII0026)
msa_2.txt	msa_allow_i0027	NUM	Outpatient Facility - Other - Manual Annual Utilization/1000(MSA AllowedII0027)
msa_2.txt	msa_allow_i0028	NUM	Professional - Manual Annual Utilization/1000(MSA AllowedII0028)
msa_2.txt	msa_allow_i0029	NUM	Part B Rx - Manual Annual Utilization/1000(MSA AllowedII0029)
msa_2.txt	msa_allow_i0030	NUM	Other Medicare Covered - Manual Annual Utilization/1000(MSA AllowedII0030)
msa_2.txt	msa_allow_j0020	NUM	Inpatient Facility - Manual Rate(MSA AllowedIJ0020)
msa_2.txt	msa_allow_j0021	NUM	Skilled Nursing Facility - Manual Rate(MSA AllowedIJ0021)
msa_2.txt	msa_allow_j0022	NUM	Home Health - Manual Rate(MSA AllowedIJ0022)
msa_2.txt	msa_allow_j0023	NUM	Ambulance - Manual Rate(MSA AllowedIJ0023)
msa_2.txt	msa_allow_j0024	NUM	DME/Prosthetics/Diabetes - Manual Rate(MSA AllowedIJ0024)
msa_2.txt	msa_allow_j0025	NUM	Outpatient Facility - Emergency - Manual Rate(MSA AllowedIJ0025)
msa_2.txt	msa_allow_j0026	NUM	Outpatient Facility - Surgery - Manual Rate(MSA AllowedIJ0026)
msa_2.txt	msa_allow_j0027	NUM	Outpatient Facility - Other - Manual Rate(MSA AllowedIJ0027)
msa_2.txt	msa_allow_j0028	NUM	Professional - Manual Rate(MSA AllowedIJ0028)
msa_2.txt	msa_allow_j0029	NUM	Part B Rx - Manual Rate(MSA AllowedIJ0029)
msa_2.txt	msa_allow_j0030	NUM	Other Medicare Covered - Manual Rate(MSA AllowedIJ0030)
msa_2.txt	msa_allow_k0020	NUM	Inpatient Facility - Manual Allowed PMPM(MSA AllowedIK0020)
msa_2.txt	msa_allow_k0021	NUM	Skilled Nursing Facility - Manual Allowed PMPM(MSA AllowedIK0021)
msa_2.txt	msa_allow_k0022	NUM	Home Health - Manual Allowed PMPM(MSA AllowedIK0022)
msa_2.txt	msa_allow_k0023	NUM	Ambulance - Manual Allowed PMPM(MSA AllowedIK0023)
msa_2.txt	msa_allow_k0024	NUM	DME/Prosthetics/Diabetes - Manual Allowed PMPM(MSA AllowedIK0024)
msa_2.txt	msa_allow_k0025	NUM	Outpatient Facility - Emergency - Manual Allowed PMPM(MSA AllowedIK0025)
msa_2.txt	msa_allow_k0026	NUM	Outpatient Facility - Surgery - Manual Allowed PMPM(MSA AllowedIK0026)
msa_2.txt	msa_allow_k0027	NUM	Outpatient Facility - Other - Manual Allowed PMPM(MSA AllowedIK0027)
msa_2.txt	msa_allow_k0028	NUM	Professional - Manual Allowed PMPM(MSA AllowedIK0028)
msa_2.txt	msa_allow_k0029	NUM	Part B Rx - Manual Allowed PMPM(MSA AllowedIK0029)
msa_2.txt	msa_allow_k0030	NUM	Other Medicare Covered - Manual Allowed PMPM(MSA AllowedIK0030)
msa_2.txt	msa_allow_k0031	NUM	COB/Subrg. (outside claim system) Manual Allowed PMPM(MSA AllowedIK0031)
msa_2.txt	msa_allow_k0032	NUM	Total Medicare Covered Medical Expenses Manual Allowed PMPM(MSA AllowedIK0032)
msa_2.txt	msa_allow_l0020	NUM	Inpatient Facility - Experience Credibility Percentage(MSA AllowedIL0020)
msa_2.txt	msa_allow_l0021	NUM	Skilled Nursing Facility - Experience Credibility Percentage(MSA AllowedIL0021)
msa_2.txt	msa_allow_l0022	NUM	Home Health - Experience Credibility Percentage(MSA AllowedIL0022)
msa_2.txt	msa_allow_l0023	NUM	Ambulance - Experience Credibility Percentage(MSA AllowedIL0023)
msa_2.txt	msa_allow_l0024	NUM	DME/Prosthetics/Diabetes - Experience Credibility Percentage(MSA AllowedIL0024)
msa_2.txt	msa_allow_l0025	NUM	Outpatient Facility - Emergency - Experience Credibility Percentage(MSA AllowedIL0025)
msa_2.txt	msa_allow_l0026	NUM	Outpatient Facility - Surgery - Experience Credibility Percentage(MSA AllowedIL0026)
msa_2.txt	msa_allow_l0027	NUM	Outpatient Facility - Other - Experience Credibility Percentage(MSA AllowedIL0027)
msa_2.txt	msa_allow_l0028	NUM	Professional - Experience Credibility Percentage(MSA AllowedIL0028)
msa_2.txt	msa_allow_l0029	NUM	Part B Rx - Experience Credibility Percentage(MSA AllowedIL0029)
msa_2.txt	msa_allow_l0030	NUM	Other Medicare Covered - Experience Credibility Percentage(MSA AllowedIL0030)
msa_2.txt	msa_allow_l0031	NUM	COB/Subrg. (outside claim system) Experience Credibility Percentage(MSA AllowedIL0031)
msa_2.txt	msa_allow_l0032	NUM	Total Medicare Covered Medical Expenses Experience Credibility Percentage(MSA AllowedIL0032)
msa_2.txt	msa_allow_l0033	NUM	CMS Guideline Credibility percentage(MSA AllowedIL0033)
msa_2.txt	msa_allow_m0020	NUM	Inpatient Facility - Contract Year Rate Utilization/1000(MSA AllowedIM0020)
msa_2.txt	msa_allow_m0021	NUM	Skilled Nursing Facility - Contract Year Rate Utilization/1000(MSA AllowedIM0021)
msa_2.txt	msa_allow_m0022	NUM	Home Health - Contract Year Rate Utilization/1000(MSA AllowedIM0022)
msa_2.txt	msa_allow_m0023	NUM	Ambulance - Contract Year Rate Utilization/1000(MSA AllowedIM0023)
msa_2.txt	msa_allow_m0024	NUM	DME/Prosthetics/Diabetes - Contract Year Rate Utilization/1000(MSA AllowedIM0024)
msa_2.txt	msa_allow_m0025	NUM	Outpatient Facility - Emergency - Contract Year Rate Utilization/1000(MSA AllowedIM0025)
msa_2.txt	msa_allow_m0026	NUM	Outpatient Facility - Surgery - Contract Year Rate Utilization/1000(MSA AllowedIM0026)
msa_2.txt	msa_allow_m0027	NUM	Outpatient Facility - Other - Contract Year Rate Utilization/1000(MSA AllowedIM0027)
msa_2.txt	msa_allow_m0028	NUM	Professional - Contract Year Rate Utilization/1000(MSA AllowedIM0028)
msa_2.txt	msa_allow_m0029	NUM	Part B Rx - Contract Year Rate Utilization/1000(MSA AllowedIM0029)
msa_2.txt	msa_allow_m0030	NUM	Other Medicare Covered - Contract Year Rate Utilization/1000(MSA AllowedIM0030)
msa_2.txt	msa_allow_n0020	NUM	Inpatient Facility - Contract Year Rate Avg cost per unit(MSA AllowedIN0020)
msa_2.txt	msa_allow_n0021	NUM	Skilled Nursing Facility - Contract Year Rate Avg cost per unit(MSA AllowedIN0021)
msa_2.txt	msa_allow_n0022	NUM	Home Health - Contract Year Rate Avg cost per unit(MSA AllowedIN0022)
msa_2.txt	msa_allow_n0023	NUM	Ambulance - Contract Year Rate Avg cost per unit(MSA AllowedIN0023)
msa_2.txt	msa_allow_n0024	NUM	DME/Prosthetics/Diabetes - Contract Year Rate Avg cost per unit(MSA AllowedIN0024)
msa_2.txt	msa_allow_n0025	NUM	Outpatient Facility - Emergency - Contract Year Rate Avg cost per unit(MSA AllowedIN0025)
msa_2.txt	msa_allow_n0026	NUM	Outpatient Facility - Surgery - Contract Year Rate Avg cost per unit(MSA AllowedIN0026)
msa_2.txt	msa_allow_n0027	NUM	Outpatient Facility - Other - Contract Year Rate Avg cost per unit(MSA AllowedIN0027)
msa_2.txt	msa_allow_n0028	NUM	Professional - Contract Year Rate Avg cost per unit(MSA AllowedIN0028)
msa_2.txt	msa_allow_n0029	NUM	Part B Rx - Contract Year Rate Avg cost per unit(MSA AllowedIN0029)
msa_2.txt	msa_allow_n0030	NUM	Other Medicare Covered - Contract Year Rate Avg cost per unit(MSA AllowedIN0030)

msa_2.txt	msa_allow_o0020	NUM	Inpatient Facility - Contract Year Rate Allowed PMPM(MSA AllowedIO0020)
msa_2.txt	msa_allow_o0021	NUM	Skilled Nursing Facility - Contract Year Rate Allowed PMPM(MSA AllowedIO0021)
msa_2.txt	msa_allow_o0022	NUM	Home Health - Contract Year Rate Allowed PMPM(MSA AllowedIO0022)
msa_2.txt	msa_allow_o0023	NUM	Ambulance - Contract Year Rate Allowed PMPM(MSA AllowedIO0023)
msa_2.txt	msa_allow_o0024	NUM	DME/Prosthetics/Diabetes - Contract Year Rate Allowed PMPM(MSA AllowedIO0024)
msa_2.txt	msa_allow_o0025	NUM	Outpatient Facility - Emergency - Contract Year Rate Allowed PMPM(MSA AllowedIO0025)
msa_2.txt	msa_allow_o0026	NUM	Outpatient Facility - Surgery - Contract Year Rate Allowed PMPM(MSA AllowedIO0026)
msa_2.txt	msa_allow_o0027	NUM	Outpatient Facility - Other - Contract Year Rate Allowed PMPM(MSA AllowedIO0027)
msa_2.txt	msa_allow_o0028	NUM	Professional - Contract Year Rate Allowed PMPM(MSA AllowedIO0028)
msa_2.txt	msa_allow_o0029	NUM	Part B Rx - Contract Year Rate Allowed PMPM(MSA AllowedIO0029)
msa_2.txt	msa_allow_o0030	NUM	Other Medicare Covered - Contract Year Rate Allowed PMPM(MSA AllowedIO0030)
msa_2.txt	msa_allow_o0031	NUM	COB/Subrg. (outside claim system) - Projected Allowed PMPM(MSA AllowedIO0031)
msa_2.txt	msa_allow_o0032	NUM	Total Medicare Covered Medical Expenses - Contract Year Allowed PMPM(MSA AllowedIO0032)
msa_2.txt	msa_allow_p0020	NUM	% of Inpatient Facility Svcs Provided OON(MSA AllowedIP0020)
msa_2.txt	msa_allow_p0021	NUM	% of Skilled Nursing Facility Svcs Provided OON(MSA AllowedIP0021)
msa_2.txt	msa_allow_p0022	NUM	% of Home Health Svcs Provided OON(MSA AllowedIP0022)
msa_2.txt	msa_allow_p0023	NUM	% of Ambulance Svcs Provided OON(MSA AllowedIP0023)
msa_2.txt	msa_allow_p0024	NUM	% of DME/Prosthetics/Diabetes Svcs Provided OON(MSA AllowedIP0024)
msa_2.txt	msa_allow_p0025	NUM	% of OP Facility - Emergency Svcs Provided OON(MSA AllowedIP0025)
msa_2.txt	msa_allow_p0026	NUM	% of OP Facility - Surgery Svcs Provided OON(MSA AllowedIP0026)
msa_2.txt	msa_allow_p0027	NUM	% of OP Facility - Other Svcs Provided OON(MSA AllowedIP0027)
msa_2.txt	msa_allow_p0028	NUM	% of Professional Svcs Provided OON(MSA AllowedIP0028)
msa_2.txt	msa_allow_p0029	NUM	% of Part B Rx Svcs Provided OON(MSA AllowedIP0029)
msa_2.txt	msa_allow_p0030	NUM	% of Other Medicare Covered Svcs Provided OON(MSA AllowedIP0030)
msa_2.txt	msa_allow_p0031	NUM	% of COB/Subrg. (outside claim system) Svcs Provided OON(MSA AllowedIP0031)
msa_2.txt	msa_allow_p0032	NUM	Total Medicare Covered Medical Expenses- % of Svcs Provided OON(MSA AllowedIP0032)
msa_3.txt	contract_year	CHAR	Contract Year (2018)
msa_3.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
msa_3.txt	version	NUM	Version Number
msa_3.txt	msa_bnmchk_d0028	DATE	Certifying Actuary: Date Prepared(MSA BnmchkID0028)
msa_3.txt	msa_bnmchk_e0036	NUM	Total or Weighted Average for Service Area - Projected Member Months(MSA BnmchkIE0036)
msa_3.txt	msa_bnmchk_e0038	NUM	Out of Area - Projected Member Months(MSA BnmchkIE0038)
msa_3.txt	msa_bnmchk_f0036	NUM	Total or Weighted Average for Service Area - Projected Risk Factors(MSA BnmchkIF0036)
msa_3.txt	msa_bnmchk_f0038	NUM	Out of Area - Projected Risk Factors(MSA BnmchkIF0038)
msa_3.txt	msa_bnmchk_g0036	NUM	Total or Weighted Average for Service Area - MA Risk Ratebook Unadjusted(MSA BnmchkIG0036)
msa_3.txt	msa_bnmchk_g0038	NUM	Out of Area -MA Risk Ratebook - Unadjusted(MSA BnmchkIG0038)
msa_3.txt	msa_bnmchk_h0036	NUM	Total or Weighted Average for Service Area - MA Risk Ratebook Risk-adjusted(MSA BnmchkIH0036)
msa_3.txt	msa_bnmchk_h0038	NUM	Out of Area -MA Risk Ratebook - Adjusted(MSA BnmchkIH0038)
msa_3.txt	msa_bnmchk_i0012	NUM	Quality Bonus Rating(MSA BnmchkII0012)
msa_3.txt	msa_bnmchk_i0013	CHAR	New org/low indicator (per CMS) -Quality Bonus Rating(MSA BnmchkII0013)
msa_3_count	contract_year	CHAR	Contract Year (2018)
msa_3_count	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
msa_3_count	version	NUM	Version Number
msa_3_count	msa_bnmchk_b0039	CHAR	State County Code 1(MSA BnmchkIB0039)
msa_3_count	msa_bnmchk_c0039	CHAR	State 1(MSA BnmchkIC0039)
msa_3_count	msa_bnmchk_d0039	CHAR	County Name 1(MSA BnmchkID0039)
msa_3_count	msa_bnmchk_e0039	NUM	County 1 - Projected Member Months(MSA BnmchkIE0039)
msa_3_count	msa_bnmchk_f0039	NUM	County 1 - Projected Risk Factors(MSA BnmchkIF0039)
msa_3_count	msa_bnmchk_g0039	NUM	County 1 - MA Risk Ratebook Unadjusted(MSA BnmchkIG0039)
msa_3_count	msa_bnmchk_h0039	NUM	County 1 - MA Risk Ratebook Risk-adjusted(MSA BnmchkIH0039)
msa_4.txt	contract_year	CHAR	Contract Year (2018)
msa_4.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
msa_4.txt	version	NUM	Version Number
msa_4.txt	msa_enroll_dep_d0017	NUM	Annual Proj. Claim Interval \$0-\$250 Annual Avg. Claim Amount(Deposit and PaymtID0017)
msa_4.txt	msa_enroll_dep_d0018	NUM	Annual Proj. Claim Interval \$251-\$2,000 Annual Avg. Claim Amount(Deposit and PaymtID0018)
msa_4.txt	msa_enroll_dep_d0019	NUM	Annual Proj. Claim Interval \$2,001-\$4,000 Annual Avg. Claim Amount(Deposit and PaymtID0019)
msa_4.txt	msa_enroll_dep_d0020	NUM	Annual Proj. Claim Interval \$4,001-\$6,000 Annual Avg. Claim Amount(Deposit and PaymtID0020)
msa_4.txt	msa_enroll_dep_d0021	NUM	Annual Proj. Claim Interval \$6,001-\$8,000 Annual Avg. Claim Amount(Deposit and PaymtID0021)
msa_4.txt	msa_enroll_dep_d0022	NUM	Annual Proj. Claim Interval \$8,001-\$10,000 Annual Avg. Claim Amount(Deposit and PaymtID0022)
msa_4.txt	msa_enroll_dep_d0023	NUM	Annual Proj. Claim Interval \$10,001-\$12,000 Annual Avg. Claim Amount(Deposit and PaymtID0023)
msa_4.txt	msa_enroll_dep_d0024	NUM	Annual Proj. Claim Interval \$12,001-\$15,000 Annual Avg. Claim Amount(Deposit and PaymtID0024)
msa_4.txt	msa_enroll_dep_d0025	NUM	Annual Proj. Claim Interval \$15,001-\$20,000 Annual Avg. Claim Amount(Deposit and PaymtID0025)
msa_4.txt	msa_enroll_dep_d0026	NUM	Annual Proj. Claim Interval \$20,001-\$30,000 Annual Avg. Claim Amount(Deposit and PaymtID0026)
msa_4.txt	msa_enroll_dep_d0027	NUM	Annual Proj. Claim Interval \$30,001-\$50,000 Annual Avg. Claim Amount(Deposit and PaymtID0027)
msa_4.txt	msa_enroll_dep_d0028	NUM	Annual Proj. Claim Interval \$50,001-\$70,000 Annual Avg. Claim Amount(Deposit and PaymtID0028)
msa_4.txt	msa_enroll_dep_d0029	NUM	Annual Proj. Claim Interval Over \$70,000 Annual Avg. Claim Amount(Deposit and PaymtID0029)
msa_4.txt	msa_enroll_dep_e0017	NUM	Annual Proj. Claim Interval \$0-\$250 Percentage of Member Months(Deposit and PaymtIE0017)
msa_4.txt	msa_enroll_dep_e0018	NUM	Annual Proj. Claim Interval \$251-\$2,000 Percentage of Member Months(Deposit and PaymtIE0018)
msa_4.txt	msa_enroll_dep_e0019	NUM	Annual Proj. Claim Interval \$2,001-\$4,000 Percentage of Member Months(Deposit and PaymtIE0019)
msa_4.txt	msa_enroll_dep_e0020	NUM	Annual Proj. Claim Interval \$4,001-\$6,000 Percentage of Member Months(Deposit and PaymtIE0020)
msa_4.txt	msa_enroll_dep_e0021	NUM	Annual Proj. Claim Interval \$6,001-\$8,000 Percentage of Member Months(Deposit and PaymtIE0021)
msa_4.txt	msa_enroll_dep_e0022	NUM	Annual Proj. Claim Interval \$8,001-\$10,000 Percentage of Member Months(Deposit and PaymtIE0022)
msa_4.txt	msa_enroll_dep_e0023	NUM	Annual Proj. Claim Interval \$10,001-\$12,000 Percentage of Member Months(Deposit and PaymtIE0023)
msa_4.txt	msa_enroll_dep_e0024	NUM	Annual Proj. Claim Interval \$12,001-\$15,000 Percentage of Member Months(Deposit and PaymtIE0024)
msa_4.txt	msa_enroll_dep_e0025	NUM	Annual Proj. Claim Interval \$15,001-\$20,000 Percentage of Member Months(Deposit and PaymtIE0025)
msa_4.txt	msa_enroll_dep_e0026	NUM	Annual Proj. Claim Interval \$20,001-\$30,000 Percentage of Member Months(Deposit and PaymtIE0026)
msa_4.txt	msa_enroll_dep_e0027	NUM	Annual Proj. Claim Interval \$30,001-\$50,000 Percentage of Member Months(Deposit and PaymtIE0027)
msa_4.txt	msa_enroll_dep_e0028	NUM	Annual Proj. Claim Interval \$50,001-\$70,000 Percentage of Member Months(Deposit and PaymtIE0028)
msa_4.txt	msa_enroll_dep_e0029	NUM	Annual Proj. Claim Interval Over \$70,000 Percentage of Member Months(Deposit and PaymtIE0029)
msa_4.txt	msa_enroll_dep_e0030	NUM	Total Percentage of Member Months(Deposit and PaymtIE0030)
msa_4.txt	msa_enroll_dep_f0017	NUM	Annual Proj. Claim Interval \$0-\$250 Gross Claims PMPM(Deposit and PaymtIF0017)
msa_4.txt	msa_enroll_dep_f0018	NUM	Annual Proj. Claim Interval \$251-\$2,000 Gross Claims PMPM(Deposit and PaymtIF0018)
msa_4.txt	msa_enroll_dep_f0019	NUM	Annual Proj. Claim Interval \$2,001-\$4,000 Gross Claims PMPM(Deposit and PaymtIF0019)
msa_4.txt	msa_enroll_dep_f0020	NUM	Annual Proj. Claim Interval \$4,001-\$6,000 Gross Claims PMPM(Deposit and PaymtIF0020)
msa_4.txt	msa_enroll_dep_f0021	NUM	Annual Proj. Claim Interval \$6,001-\$8,000 Gross Claims PMPM(Deposit and PaymtIF0021)
msa_4.txt	msa_enroll_dep_f0022	NUM	Annual Proj. Claim Interval \$8,001-\$10,000 Gross Claims PMPM(Deposit and PaymtIF0022)
msa_4.txt	msa_enroll_dep_f0023	NUM	Annual Proj. Claim Interval \$10,001-\$12,000 Gross Claims PMPM(Deposit and PaymtIF0023)
msa_4.txt	msa_enroll_dep_f0024	NUM	Annual Proj. Claim Interval \$12,001-\$15,000 Gross Claims PMPM(Deposit and PaymtIF0024)

msa_4.txt	msa_enroll_dep_f0025	NUM	Annual Proj. Claim Interval \$15,001-\$20,000 Gross Claims PMPM(Deposit and Paymt!F0025)
msa_4.txt	msa_enroll_dep_f0026	NUM	Annual Proj. Claim Interval \$20,001-\$30,000 Gross Claims PMPM(Deposit and Paymt!F0026)
msa_4.txt	msa_enroll_dep_f0027	NUM	Annual Proj. Claim Interval \$30,001-\$50,000 Gross Claims PMPM(Deposit and Paymt!F0027)
msa_4.txt	msa_enroll_dep_f0028	NUM	Annual Proj. Claim Interval \$50,001-\$70,000 Gross Claims PMPM(Deposit and Paymt!F0028)
msa_4.txt	msa_enroll_dep_f0029	NUM	Annual Proj. Claim Interval Over \$70,000 Gross Claims PMPM(Deposit and Paymt!F0029)
msa_4.txt	msa_enroll_dep_f0030	NUM	Total Gross Claims PMPM(Deposit and Paymt!F0030)
msa_4.txt	msa_enroll_dep_g0017	NUM	Annual Proj. Claim Interval \$0-\$250 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0017)
msa_4.txt	msa_enroll_dep_g0018	NUM	Annual Proj. Claim Interval \$251-\$2,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0018)
msa_4.txt	msa_enroll_dep_g0019	NUM	Annual Proj. Claim Interval \$2,001-\$4,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0019)
msa_4.txt	msa_enroll_dep_g0020	NUM	Annual Proj. Claim Interval \$4,001-\$6,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0020)
msa_4.txt	msa_enroll_dep_g0021	NUM	Annual Proj. Claim Interval \$6,001-\$8,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0021)
msa_4.txt	msa_enroll_dep_g0022	NUM	Annual Proj. Claim Interval \$8,001-\$10,000 Gross ClaimsOver Ded. PMPM(Deposit and Paymt!G0022)
msa_4.txt	msa_enroll_dep_g0023	NUM	Annual Proj. Claim Interval \$10,001-\$12,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0023)
msa_4.txt	msa_enroll_dep_g0024	NUM	Annual Proj. Claim Interval \$12,001-\$15,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0024)
msa_4.txt	msa_enroll_dep_g0025	NUM	Annual Proj. Claim Interval \$15,001-\$20,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0025)
msa_4.txt	msa_enroll_dep_g0026	NUM	Annual Proj. Claim Interval \$20,001-\$30,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0026)
msa_4.txt	msa_enroll_dep_g0027	NUM	Annual Proj. Claim Interval \$30,001-\$50,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0027)
msa_4.txt	msa_enroll_dep_g0028	NUM	Annual Proj. Claim Interval \$50,001-\$70,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0028)
msa_4.txt	msa_enroll_dep_g0029	NUM	Annual Proj. Claim Interval Over \$70,000 Gross Claims Over Ded. PMPM(Deposit and Paymt!G0029)
msa_4.txt	msa_enroll_dep_g0030	NUM	Total Gross Claims Over Ded. PMPM(Deposit and Paymt!G0030)
msa_4.txt	msa_enroll_dep_g0036	NUM	Plan Medical Expenses/Medicare Covered Medical Expenses(Deposit and Paymt!G0036)
msa_4.txt	msa_enroll_dep_g0037	NUM	Non-Benefit Expense(Deposit and Paymt!G0037)
msa_4.txt	msa_enroll_dep_g0038	NUM	Sales & Marketing Expenses(Deposit and Paymt!G0038)
msa_4.txt	msa_enroll_dep_g0039	NUM	Direct Administration Expenses(Deposit and Paymt!G0039)
msa_4.txt	msa_enroll_dep_g0040	NUM	Indirect Administration Expenses(Deposit and Paymt!G0040)
msa_4.txt	msa_enroll_dep_g0041	NUM	Net cost of private reinsurance(Deposit and Paymt!G0041)
msa_4.txt	msa_enroll_dep_g0042	NUM	Insurer Fees(Deposit and Paymt!G0042)
msa_4.txt	msa_enroll_dep_g0044	NUM	Total Non-Medical Expense (Plans Risk Factor)(Deposit and Paymt!G0044)
msa_4.txt	msa_enroll_dep_g0045	NUM	Gain/(Loss) Margin(Deposit and Paymt!G0045)
msa_4.txt	msa_enroll_dep_g0046	NUM	Total Plan Revenue Requirement(Deposit and Paymt!G0046)
msa_4.txt	msa_enroll_dep_g0047	NUM	Projected Plan Benchmark(Deposit and Paymt!G0047)
msa_4.txt	msa_enroll_dep_g0048	NUM	Projected Monthly Enrollee Deposit(Deposit and Paymt!G0048)
msa_4.txt	msa_enroll_dep_g0050	NUM	Percent Medical Expenses(Deposit and Paymt!G0050)
msa_4.txt	msa_enroll_dep_g0051	NUM	Percent of Plan Revenue- Non-Medical Expenses(Deposit and Paymt!G0051)
msa_4.txt	msa_enroll_dep_g0052	NUM	Percent Gain/(Loss) Margin(Deposit and Paymt!G0052)
msa_4.txt	msa_enroll_dep_g0054	NUM	Corporate Margin Requirement % of Rev. (Deposit and Paymt!G0054)
msa_4.txt	msa_enroll_dep_g0055	CHAR	Corporate Margin Basis(Deposit and Paymt!G0055)
msa_4.txt	msa_enroll_dep_g0056	CHAR	Overall Gain/(Loss) Margin Level(Deposit and Paymt!G0056)
msa_4.txt	msa_enroll_dep_h0048	NUM	Part A Projected Monthly Enrollee Deposit(Deposit and Paymt!H0048)
msa_4.txt	msa_enroll_dep_h0053	NUM	Part A Standardized Plan Benchmark(Deposit and Paymt!H0053)
msa_4.txt	msa_enroll_dep_i0048	NUM	Part B Projected Monthly Enrollee Deposit(Deposit and Paymt!I0048)
msa_4.txt	msa_enroll_dep_i0053	NUM	Part B Standardized Plan Benchmark(Deposit and Paymt!I0053)
msa_5.txt	contract_year	CHAR	Contract Year (2018)
msa_5.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
msa_5.txt	version	NUM	Version Number
msa_5.txt	msa_opt_sup_b0016	NUM	Package ID 1(Optional Supplemental!B0016)
msa_5.txt	msa_opt_sup_b0017	NUM	Package ID 2(Optional Supplemental!B0017)
msa_5.txt	msa_opt_sup_b0018	NUM	Package ID 3(Optional Supplemental!B0018)
msa_5.txt	msa_opt_sup_b0019	NUM	Package ID 4(Optional Supplemental!B0019)
msa_5.txt	msa_opt_sup_b0020	NUM	Package ID 5(Optional Supplemental!B0020)
msa_5.txt	msa_opt_sup_c0016	CHAR	Optional Supplemental Package 1 Description(Optional Supplemental!C0016)
msa_5.txt	msa_opt_sup_c0017	CHAR	Optional Supplemental Package 2 Description(Optional Supplemental!C0017)
msa_5.txt	msa_opt_sup_c0018	CHAR	Optional Supplemental Package 3 Description(Optional Supplemental!C0018)
msa_5.txt	msa_opt_sup_c0019	CHAR	Optional Supplemental Package 4 Description(Optional Supplemental!C0019)
msa_5.txt	msa_opt_sup_c0020	CHAR	Optional Supplemental Package 5 Description(Optional Supplemental!C0020)
msa_5.txt	msa_opt_sup_d0016	NUM	Package 1 Total Allowed medical expense PMPM(Optional Supplemental!D0016)
msa_5.txt	msa_opt_sup_d0017	NUM	Package 2 Total Allowed medical expense PMPM(Optional Supplemental!D0017)
msa_5.txt	msa_opt_sup_d0018	NUM	Package 3 Total Allowed medical expense PMPM(Optional Supplemental!D0018)
msa_5.txt	msa_opt_sup_d0019	NUM	Package 4 Total Allowed medical expense PMPM(Optional Supplemental!D0019)
msa_5.txt	msa_opt_sup_d0020	NUM	Package 5 Total Allowed medical expense PMPM(Optional Supplemental!D0020)
msa_5.txt	msa_opt_sup_d0021	NUM	Weighted Average Total(Optional Supplemental!D0021)
msa_5.txt	msa_opt_sup_e0016	NUM	Package 1 Total Enrollee Cost Sharing PMPM(Optional Supplemental!E0016)
msa_5.txt	msa_opt_sup_e0017	NUM	Package 2 Total Enrollee Cost Sharing PMPM(Optional Supplemental!E0017)
msa_5.txt	msa_opt_sup_e0018	NUM	Package 3 Total Enrollee Cost Sharing PMPM(Optional Supplemental!E0018)
msa_5.txt	msa_opt_sup_e0019	NUM	Package 4 Total Enrollee Cost Sharing PMPM(Optional Supplemental!E0019)
msa_5.txt	msa_opt_sup_e0020	NUM	Package 5 Total Enrollee Cost Sharing PMPM(Optional Supplemental!E0020)
msa_5.txt	msa_opt_sup_e0021	NUM	Weighted Average Total Enrollee Cost Sharing PMPM(Optional Supplemental!E0021)
msa_5.txt	msa_opt_sup_f0016	NUM	Package 1 Total Net PMPM Value(Optional Supplemental!F0016)
msa_5.txt	msa_opt_sup_f0017	NUM	Package 2 Total Net PMPM Value(Optional Supplemental!F0017)
msa_5.txt	msa_opt_sup_f0018	NUM	Package 3 Total Net PMPM Value(Optional Supplemental!F0018)
msa_5.txt	msa_opt_sup_f0019	NUM	Package 4 Total Net PMPM Value(Optional Supplemental!F0019)
msa_5.txt	msa_opt_sup_f0020	NUM	Package 5 Total Net PMPM Value(Optional Supplemental!F0020)
msa_5.txt	msa_opt_sup_f0021	NUM	Weighted Average Total Net PMPM Value(Optional Supplemental!F0021)
msa_5.txt	msa_opt_sup_f0030	NUM	Total Net Medical Expenses(Optional Supplemental!F0030)
msa_5.txt	msa_opt_sup_f0031	NUM	PMPM (based on OSB membership): Net Medical Expenses(Optional Supplemental!F0031)
msa_5.txt	msa_opt_sup_g0016	NUM	Package 1 Total Non-Benefit Expense(Optional Supplemental!G0016)
msa_5.txt	msa_opt_sup_g0017	NUM	Package 2 Total Non-Benefit Expense(Optional Supplemental!G0017)
msa_5.txt	msa_opt_sup_g0018	NUM	Package 3 Total Non-Benefit Expense(Optional Supplemental!G0018)
msa_5.txt	msa_opt_sup_g0019	NUM	Package 4 Total Non-Benefit Expense(Optional Supplemental!G0019)
msa_5.txt	msa_opt_sup_g0020	NUM	Package 5 Total Non-Benefit Expense(Optional Supplemental!G0020)
msa_5.txt	msa_opt_sup_g0021	NUM	Weighted Average Total Non-Benefit Expense(Optional Supplemental!G0021)
msa_5.txt	msa_opt_sup_g0030	NUM	All OSB Packages Total Dollars - Base Period Non-Benefit Expenses(Optional Supplemental!G0030)
msa_5.txt	msa_opt_sup_g0031	NUM	All OSB Packages PMPM - Base Period Non-Benefit Expenses(Optional Supplemental!G0031)
msa_5.txt	msa_opt_sup_h0016	NUM	Package 1 Total Gain/(Loss) Margin(Optional Supplemental!H0016)
msa_5.txt	msa_opt_sup_h0017	NUM	Package 2 Total Gain/(Loss) Margin(Optional Supplemental!H0017)
msa_5.txt	msa_opt_sup_h0018	NUM	Package 3 Total Gain/(Loss) Margin(Optional Supplemental!H0018)
msa_5.txt	msa_opt_sup_h0019	NUM	Package 4 Total Gain/(Loss) Margin(Optional Supplemental!H0019)
msa_5.txt	msa_opt_sup_h0020	NUM	Package 5 Total Gain/(Loss) Margin(Optional Supplemental!H0020)

msa_5.txt	msa_opt_sup_h0021	NUM	Weighted Average Total Gain/(Loss) Margin(Optional Supplemental!H0021)
msa_5.txt	msa_opt_sup_h0030	NUM	All OSB Packages Total Dollars - Base Period Gain/(Loss) Margin(Optional Supplemental!H0030)
msa_5.txt	msa_opt_sup_h0031	NUM	PMPM: Gain/(Loss) Margin(Optional Supplemental!H0031)
msa_5.txt	msa_opt_sup_i0016	NUM	Package 1 Total Premium(Optional Supplemental!I0016)
msa_5.txt	msa_opt_sup_i0017	NUM	Package 2 Total Premium(Optional Supplemental!I0017)
msa_5.txt	msa_opt_sup_i0018	NUM	Package 3 Total Premium(Optional Supplemental!I0018)
msa_5.txt	msa_opt_sup_i0019	NUM	Package 4 Total Premium(Optional Supplemental!I0019)
msa_5.txt	msa_opt_sup_i0020	NUM	Package 5 Total Premium(Optional Supplemental!I0020)
msa_5.txt	msa_opt_sup_i0021	NUM	Weighted Average Total Premium(Optional Supplemental!I0021)
msa_5.txt	msa_opt_sup_i0030	NUM	Total: Premium(Optional Supplemental!I0030)
msa_5.txt	msa_opt_sup_i0031	NUM	PMPM: Premium(Optional Supplemental!I0031)
msa_5.txt	msa_opt_sup_j0016	NUM	Package 1 Total Projected Member Months(Optional Supplemental!J0016)
msa_5.txt	msa_opt_sup_j0017	NUM	Package 2 Total Projected Member Months(Optional Supplemental!J0017)
msa_5.txt	msa_opt_sup_j0018	NUM	Package 3 Total Projected Member Months(Optional Supplemental!J0018)
msa_5.txt	msa_opt_sup_j0019	NUM	Package 4 Total Projected Member Months(Optional Supplemental!J0019)
msa_5.txt	msa_opt_sup_j0020	NUM	Package 5 Total Projected Member Months(Optional Supplemental!J0020)
msa_5.txt	msa_opt_sup_j0021	NUM	Weighted Average Projected Member Months(Optional Supplemental!J0021)
msa_5.txt	msa_opt_sup_j0030	NUM	Total: Member Months(Optional Supplemental!J0030)
esrd_1.txt	contract_year	CHAR	Contract Year (2018)
esrd_1.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
esrd_1.txt	version	NUM	Version Number
esrd_1.txt	esrd_enroll_b0006	CHAR	Contract Year(Enrollment!B0006)
esrd_1.txt	esrd_enroll_b0007	CHAR	Contact-Plan-Segment:(Enrollment!B0007)
esrd_1.txt	esrd_enroll_b0008	CHAR	Organization Name:(Enrollment!B0008)
esrd_1.txt	esrd_enroll_b0009	CHAR	Service Area:(Enrollment!B0009)
esrd_1.txt	esrd_enroll_b0010	CHAR	Plan Type:(Enrollment!B0010)
esrd_1.txt	esrd_enroll_d0005	CHAR	Contract #:(Enrollment!D0005)
esrd_1.txt	esrd_enroll_d0006	CHAR	Plan ID :(Enrollment!D0006)
esrd_1.txt	esrd_enroll_d0007	CHAR	Segment ID:(Enrollment!D0007)
esrd_1.txt	esrd_enroll_e0018	NUM	1. Total or Weighted Average for Service Area - Projected Member Months Jan. - Dec. 2018(Enrollment!E0018)
esrd_1.txt	esrd_enroll_f0018	NUM	1. Total or Weighted Average for Service Area - Projected Risk Score(Enrollment!F0018)
esrd_1.txt	esrd_enroll_g0018	NUM	1. Total or Weighted Average for Service Area - State or County Rate(Enrollment!G0018)
esrd_1.txt	esrd_enroll_i0002	NUM	1. Functioning Graft (i.e., postgraft) "F"(Enrollment!I0002)
esrd_1.txt	esrd_enroll_i0003	NUM	2. Dialysis / transplant ("D" / "T")(Enrollment!I0003)
esrd_1.txt	esrd_enroll_i0006	NUM	1. Part C Mandatory monthly Enrollee Premium(Enrollment!I0006)
esrd_1.txt	esrd_enroll_i0007	NUM	2. Part C Monthly Plan Revenue(Enrollment!I0007)
esrd_1.txt	esrd_enroll_i0010	NUM	5. Quality Bonus Rating (per CMS)(Enrollment!I0010)
esrd_1.txt	esrd_enroll_i0011	CHAR	6. New/low indicator (per CMS)(Enrollment!I0011)
esrd_1.txt	esrd_enroll_i0018	NUM	1. Total or Weighted Average for Service Area:(Enrollment!I0018)
esrd_1_count	contract_year	CHAR	Contract Year (2018)
esrd_1_count	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
esrd_1_count	version	NUM	Version Number
esrd_1_count	esrd_enroll_a0021	CHAR	State County Code 1(Enrollment!A0021)
esrd_1_count	esrd_enroll_b0021	CHAR	State 1(Enrollment!B0021)
esrd_1_count	esrd_enroll_c0021	CHAR	County Name 1(Enrollment!C0021)
esrd_1_count	esrd_enroll_d0021	CHAR	ESRD Status D/T/F(Enrollment!D0021)
esrd_1_count	esrd_enroll_e0021	NUM	Projected Member Months(Enrollment!E0021)
esrd_1_count	esrd_enroll_f0021	NUM	Projected Risk Score(Enrollment!F0021)
esrd_1_count	esrd_enroll_g0021	NUM	CY 2018 State or County Rate(Enrollment!G0021)
esrd_1_count	esrd_enroll_h0021	NUM	Percentage of MSP Mem. Months(Enrollment!H0021)
esrd_1_count	esrd_enroll_i0021	NUM	Projected CMS Monthly Capitation(Enrollment!I0021)
esrd_2.txt	contract_year	CHAR	Contract Year (2018)
esrd_2.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
esrd_2.txt	version	NUM	Version Number
esrd_2.txt	esrd_projection_b0016	NUM	Inpatient hospital Allowed cost(Projection!B0016)
esrd_2.txt	esrd_projection_b0017	NUM	Skilled nursign facility Allowed cost(Projection!B0017)
esrd_2.txt	esrd_projection_b0018	NUM	Home health Allowed cost(Projection!B0018)
esrd_2.txt	esrd_projection_b0019	NUM	Outpatient hospital / ASC Allowed cost(Projection!B0019)
esrd_2.txt	esrd_projection_b0020	NUM	Emergency Room Allowed cost(Projection!B0020)
esrd_2.txt	esrd_projection_b0021	NUM	Dialysis Allowed cost(Projection!B0021)
esrd_2.txt	esrd_projection_b0022	NUM	Primary care physician Allowed cost(Projection!B0022)
esrd_2.txt	esrd_projection_b0023	NUM	Nephrologist Allowed cost(Projection!B0023)
esrd_2.txt	esrd_projection_b0024	NUM	Physician specialist (o/t nephrologist) Allowed cost(Projection!B0024)
esrd_2.txt	esrd_projection_b0025	NUM	Other professional Allowed cost(Projection!B0025)
esrd_2.txt	esrd_projection_b0026	NUM	Radiology / pathology Allowed cost(Projection!B0026)
esrd_2.txt	esrd_projection_b0027	NUM	Amulance / transportation Allowed cost(Projection!B0027)
esrd_2.txt	esrd_projection_b0028	NUM	DME / Diabetes Allowed cost(Projection!B0028)
esrd_2.txt	esrd_projection_b0029	NUM	Part B Rx: Medicare-covered Allowed cost(Projection!B0029)
esrd_2.txt	esrd_projection_b0030	NUM	Other Part B services Allowed cost(Projection!B0030)
esrd_2.txt	esrd_projection_b0031	NUM	Coordination of benefits 1/ Allowed cost(Projection!B0031)
esrd_2.txt	esrd_projection_b0032	NUM	Sub-total: Medicare-covered Allowed cost(Projection!B0032)
esrd_2.txt	esrd_projection_b0037	NUM	Additional services Allowed cost(Projection!B0037)
esrd_2.txt	esrd_projection_b0055	NUM	Medicare-covered benefits Benefit Cost(Projection!B0055)
esrd_2.txt	esrd_projection_b0056	NUM	Cost sharing enhancements Benefit Cost(Projection!B0056)
esrd_2.txt	esrd_projection_b0057	NUM	Additional services Benefit Cost(Projection!B0057)
esrd_2.txt	esrd_projection_b0058	NUM	Part B premium reduction Benefit Cost(Projection!B0058)
esrd_2.txt	esrd_projection_b0061	NUM	Mandatory supplemental benefits Benefit Cost(Projection!B0061)
esrd_2.txt	esrd_projection_b0062	NUM	Medicare covered and mand. supplemental benefits Benefit Cost(Projection!B0062)
esrd_2.txt	esrd_projection_c0016	NUM	Inpatient hospital Enrollee cost sharing(Projection!C0016)
esrd_2.txt	esrd_projection_c0017	NUM	Skilled nursing facility Enrollee cost sharing(Projection!C0017)
esrd_2.txt	esrd_projection_c0018	NUM	Home health Enrollee cost sharing(Projection!C0018)
esrd_2.txt	esrd_projection_c0019	NUM	Outpatient hospital / ASC Enrollee cost sharing(Projection!C0019)
esrd_2.txt	esrd_projection_c0020	NUM	Emergency Room Enrollee cost sharing(Projection!C0020)
esrd_2.txt	esrd_projection_c0021	NUM	Dialysis Enrollee cost sharing(Projection!C0021)
esrd_2.txt	esrd_projection_c0022	NUM	Primary care physician Enrollee cost sharing(Projection!C0022)
esrd_2.txt	esrd_projection_c0023	NUM	Nephrologist Enrollee cost sharing(Projection!C0023)
esrd_2.txt	esrd_projection_c0024	NUM	Physician specialist (o/t nephrologist) Enrollee cost sharing(Projection!C0024)
esrd_2.txt	esrd_projection_c0025	NUM	Other professional Enrollee cost sharing(Projection!C0025)

esrd 2.txt	esrd_projection_c0026	NUM	Radiology / pathology Enrollee cost sharing(Projection!C0026)
esrd 2.txt	esrd_projection_c0027	NUM	Ambulance / transportation Enrollee cost sharing(Projection!C0027)
esrd 2.txt	esrd_projection_c0028	NUM	DME / Diabetes Enrollee cost sharing(Projection!C0028)
esrd 2.txt	esrd_projection_c0029	NUM	Part B Rx: Medicare-covered Enrollee cost sharing(Projection!C0029)
esrd 2.txt	esrd_projection_c0030	NUM	Other Part B services Enrollee cost sharing(Projection!C0030)
esrd 2.txt	esrd_projection_c0032	NUM	Sub-total: Medicare-covered Enrollee cost sharing(Projection!C0032)
esrd 2.txt	esrd_projection_c0037	NUM	Additional services Enrollee cost sharing(Projection!C0037)
esrd 2.txt	esrd_projection_c0055	NUM	Medicare-covered benefits NBE+GLM(Projection!C0055)
esrd 2.txt	esrd_projection_c0056	NUM	Cost sharing enhancements NBE+GLM(Projection!C0056)
esrd 2.txt	esrd_projection_c0057	NUM	Additional services NBE+GLM(Projection!C0057)
esrd 2.txt	esrd_projection_c0058	NUM	Part B premium reduction NBE+GLM(Projection!C0058)
esrd 2.txt	esrd_projection_c0061	NUM	Total Supplemental benefits NBE+GLM(Projection!C0061)
esrd 2.txt	esrd_projection_c0062	NUM	Medicare covered and mand. supplemental benefits NBE+GLM(Projection!C0062)
esrd 2.txt	esrd_projection_d0016	NUM	Inpatient hospital Net PMPM(Projection!D0016)
esrd 2.txt	esrd_projection_d0017	NUM	Skilled nursing facility Net PMPM(Projection!D0017)
esrd 2.txt	esrd_projection_d0018	NUM	Home health Net PMPM(Projection!D0018)
esrd 2.txt	esrd_projection_d0019	NUM	Outpatient hospital / ASC Net PMPM(Projection!D0019)
esrd 2.txt	esrd_projection_d0020	NUM	Emergency Room Net PMPM(Projection!D0020)
esrd 2.txt	esrd_projection_d0021	NUM	Dialysis Net PMPM(Projection!D0021)
esrd 2.txt	esrd_projection_d0022	NUM	Primary care physician Net PMPM(Projection!D0022)
esrd 2.txt	esrd_projection_d0023	NUM	Nephrologist Net PMPM(Projection!D0023)
esrd 2.txt	esrd_projection_d0024	NUM	Physician specialist (o/t nephrologist) Net PMPM(Projection!D0024)
esrd 2.txt	esrd_projection_d0025	NUM	Other professional Net PMPM(Projection!D0025)
esrd 2.txt	esrd_projection_d0026	NUM	Radiology / pathology Net PMPM(Projection!D0026)
esrd 2.txt	esrd_projection_d0027	NUM	Ambulance / transportation Net PMPM(Projection!D0027)
esrd 2.txt	esrd_projection_d0028	NUM	DME / Diabetes Net PMPM(Projection!D0028)
esrd 2.txt	esrd_projection_d0029	NUM	Part B Rx: Medicare-covered Net PMPM(Projection!D0029)
esrd 2.txt	esrd_projection_d0030	NUM	Other Part B services Net PMPM(Projection!D0030)
esrd 2.txt	esrd_projection_d0031	NUM	Coordination of benefits 1/ Net PMPM(Projection!D0031)
esrd 2.txt	esrd_projection_d0032	NUM	Sub-total: Medicare-covered services Net PMPM(Projection!D0032)
esrd 2.txt	esrd_projection_d0034	NUM	Other: Part B premium reduction(Projection!D0034)
esrd 2.txt	esrd_projection_d0037	NUM	Additional services Net PMPM(Projection!D0037)
esrd 2.txt	esrd_projection_d0038	NUM	Sub-total: additional services Net PMPM(Projection!D0038)
esrd 2.txt	esrd_projection_d0040	NUM	Total benefit cost Net PMPM(Projection!D0040)
esrd 2.txt	esrd_projection_d0043	NUM	Sales & Marketing Net PMPM(Projection!D0043)
esrd 2.txt	esrd_projection_d0044	NUM	Direct Administration Net PMPM(Projection!D0044)
esrd 2.txt	esrd_projection_d0045	NUM	Indirect Administration Net PMPM(Projection!D0045)
esrd 2.txt	esrd_projection_d0046	NUM	Net PMPM of Private Reinsurance Net PMPM(Projection!D0046)
esrd 2.txt	esrd_projection_d0047	NUM	Insurer Fees(Projection!D0047)
esrd 2.txt	esrd_projection_d0048	NUM	Sub-total non-benefit expenses(Projection!D0048)
esrd 2.txt	esrd_projection_d0049	NUM	Gain / loss margin Net PMPM(Projection!D0049)
esrd 2.txt	esrd_projection_d0050	NUM	Total NBE + GLM Net PMPM(Projection!D0050)
esrd 2.txt	esrd_projection_d0051	NUM	Total Revenue Requirement(Projection!D0051)
esrd 2.txt	esrd_projection_d0052	NUM	CMS capitation Net cost(Projection!D0052)
esrd 2.txt	esrd_projection_d0053	NUM	Part C mandatory enrollee premium Net cost(Projection!D0053)
esrd 2.txt	esrd_projection_d0055	NUM	Medicare-covered benefits Total Cost(Projection!D0055)
esrd 2.txt	esrd_projection_d0056	NUM	Cost sharing enhancements Total Cost(Projection!D0056)
esrd 2.txt	esrd_projection_d0057	NUM	Additional services Total Cost(Projection!D0057)
esrd 2.txt	esrd_projection_d0058	NUM	Part B premium reduction Total Cost(Projection!D0058)
esrd 2.txt	esrd_projection_d0061	NUM	Mandatory supplemental benefits Total(Projection!D0061)
esrd 2.txt	esrd_projection_d0062	NUM	Medicare covered and mand. supplemental benefits Total(Projection!D0062)
esrd 2.txt	esrd_projection_e0016	NUM	Inpatient hospital Medicare AE cost sharing proportion(Projection!E0016)
esrd 2.txt	esrd_projection_e0017	NUM	Skilled nursing facility Medicare AE cost sharing proportion(Projection!E0017)
esrd 2.txt	esrd_projection_e0018	NUM	Home health Medicare AE cost sharing proportion(Projection!E0018)
esrd 2.txt	esrd_projection_e0019	NUM	Outpatient hospital / ASC Medicare AE cost sharing proportion(Projection!E0019)
esrd 2.txt	esrd_projection_e0020	NUM	Emergency Room AE cost sharing proportion(Projection!E0020)
esrd 2.txt	esrd_projection_e0021	NUM	Dialysis Medicare AE cost sharing proportion(Projection!E0021)
esrd 2.txt	esrd_projection_e0022	NUM	Primary care physician Medicare AE cost sharing proportion(Projection!E0022)
esrd 2.txt	esrd_projection_e0023	NUM	Nephrologist AE cost sharing proportion(Projection!E0023)
esrd 2.txt	esrd_projection_e0024	NUM	Physician specialist (o/t nephrologist) Medicare AE cost sharing proportion(Projection!E0024)
esrd 2.txt	esrd_projection_e0025	NUM	Other professional Medicare AE cost sharing proportion(Projection!E0025)
esrd 2.txt	esrd_projection_e0026	NUM	Radiology / pathology Medicare AE cost sharing proportion(Projection!E0026)
esrd 2.txt	esrd_projection_e0027	NUM	Ambulance / transportation Medicare AE cost sharing proportion(Projection!E0027)
esrd 2.txt	esrd_projection_e0028	NUM	DME / Diabetes Medicare AE cost sharing proportion(Projection!E0028)
esrd 2.txt	esrd_projection_e0029	NUM	Part B Rx: Medicare-covered Medicare AE cost sharing proportion(Projection!E0029)
esrd 2.txt	esrd_projection_e0030	NUM	Other Part B services Medicare AE cost sharing proportion(Projection!E0030)
esrd 2.txt	esrd_projection_e0032	NUM	Sub-total: Medicare-covered Medicare AE cost sharing proportion(Projection!E0032)
esrd 2.txt	esrd_projection_e0070	NUM	Excess Funds(Projection!E0070)
esrd 2.txt	esrd_projection_e0071	NUM	Funds for Part B & Part D premium reductions (Projection!E0071)
esrd 2.txt	esrd_projection_e0073	NUM	PMPM rebate allocation for Part B premium(Projection!E0073)
esrd 2.txt	esrd_projection_e0074	NUM	Part B Premium Reduction, rounded to one decimal (see instructions)(Projection!E0074)
esrd 2.txt	esrd_projection_e0076	NUM	Total MA Enrollee Premium (excl. Opt. Suppl.)(Projection!E0076)
esrd 2.txt	esrd_projection_e0077	NUM	Rounded MA Premium (excl. Opt. Suppl.)(Projection!E0077)
esrd 2.txt	esrd_projection_e0081	NUM	Part D Basic Premium -Part D Basic Premium Reduction(Projection!E0081)
esrd 2.txt	esrd_projection_e0082	NUM	Part D Basic Premium reduction (rounded)(Projection!E0082)
esrd 2.txt	esrd_projection_e0087	NUM	Part D Supplemental Premium -Part D Suppl Premium Reduction(Projection!E0087)
esrd 2.txt	esrd_projection_e0088	NUM	Part D Suppl Premium reduction (rounded)(Projection!E0088)
esrd 2.txt	esrd_projection_f0016	NUM	Inpatient hospital Medicare AE cost sharing value(Projection!F0016)
esrd 2.txt	esrd_projection_f0017	NUM	Skilled nursing facility Medicare AE cost sharing value(Projection!F0017)
esrd 2.txt	esrd_projection_f0018	NUM	Home health Medicare AE cost sharing value(Projection!F0018)
esrd 2.txt	esrd_projection_f0019	NUM	Outpatient hospital / ASC Medicare AE cost sharing value(Projection!F0019)
esrd 2.txt	esrd_projection_f0020	NUM	Emergency Room Medicare AE cost sharing value(Projection!F0020)
esrd 2.txt	esrd_projection_f0021	NUM	Dialysis Medicare AE cost sharing value(Projection!F0021)
esrd 2.txt	esrd_projection_f0022	NUM	Primary care physician Medicare AE cost sharing value(Projection!F0022)
esrd 2.txt	esrd_projection_f0023	NUM	Nephrologist Medicare AE cost sharing value(Projection!F0023)
esrd 2.txt	esrd_projection_f0024	NUM	Physician specialist (o/t nephrologist) Medicare AE cost sharing value(Projection!F0024)
esrd 2.txt	esrd_projection_f0025	NUM	Other professional Medicare AE cost sharing value(Projection!F0025)
esrd 2.txt	esrd_projection_f0026	NUM	Radiology / pathology Medicare AE cost sharing value(Projection!F0026)

esrd 2.txt	esrd_projection_f0027	NUM	Ambulance / transportation Medicare AE cost sharing value(Projection!F0027)
esrd 2.txt	esrd_projection_f0028	NUM	DME / Diabetes Medicare AE cost sharing value(Projection!F0028)
esrd 2.txt	esrd_projection_f0029	NUM	Part B Rx: Medicare-covered Medicare AE cost sharing value(Projection!F0029)
esrd 2.txt	esrd_projection_f0030	NUM	Other Part B services Medicare AE cost sharing value(Projection!F0030)
esrd 2.txt	esrd_projection_f0032	NUM	Sub-total cost sharing Medicare AE cost sharing value(Projection!F0032)
esrd 2.txt	esrd_projection_g0016	NUM	Inpatient hospital Total cost sharing enhancements(Projection!G0016)
esrd 2.txt	esrd_projection_g0017	NUM	Skilled nursing facility Total cost sharing enhancements(Projection!G0017)
esrd 2.txt	esrd_projection_g0018	NUM	Home health Total cost sharing enhancements(Projection!G0018)
esrd 2.txt	esrd_projection_g0019	NUM	Outpatient hospital / ASC Total cost sharing enhancements(Projection!G0019)
esrd 2.txt	esrd_projection_g0020	NUM	Emergency Room Total cost sharing enhancements(Projection!G0020)
esrd 2.txt	esrd_projection_g0021	NUM	Dialysis Total cost sharing enhancements(Projection!G0021)
esrd 2.txt	esrd_projection_g0022	NUM	Primary care physician Total cost sharing enhancements(Projection!G0022)
esrd 2.txt	esrd_projection_g0023	NUM	Nephrologist Total cost sharing enhancements(Projection!G0023)
esrd 2.txt	esrd_projection_g0024	NUM	Physician specialist (o/t nephrologist) Total cost sharing enhancements(Projection!G0024)
esrd 2.txt	esrd_projection_g0025	NUM	Other professional Total cost sharing enhancements(Projection!G0025)
esrd 2.txt	esrd_projection_g0026	NUM	Radiology / pathology Total cost sharing enhancements(Projection!G0026)
esrd 2.txt	esrd_projection_g0027	NUM	Ambulance / transportation Total cost sharing enhancements(Projection!G0027)
esrd 2.txt	esrd_projection_g0028	NUM	DME / Diabetes Total cost sharing enhancements(Projection!G0028)
esrd 2.txt	esrd_projection_g0029	NUM	Part B Rx: Medicare-covered Total cost sharing enhancements(Projection!G0029)
esrd 2.txt	esrd_projection_g0030	NUM	Other Part B services Total cost sharing enhancements(Projection!G0030)
esrd 2.txt	esrd_projection_g0031	NUM	Coordination of benefits Total cost sharing enhancements(Projection!G0031)
esrd 2.txt	esrd_projection_g0032	NUM	Sub-total: Medicare-covered Total cost sharing enhancements(Projection!G0032)
esrd 2.txt	esrd_projection_g0034	NUM	Other: Part B premium reduction Total cost sharing enhancements(Projection!G0034)
esrd 2.txt	esrd_projection_g0037	NUM	Additional services Total cost sharing enhancements(Projection!G0037)
esrd 2.txt	esrd_projection_g0038	NUM	Sub-total: additional services Total cost sharing enhancements(Projection!G0038)
esrd 2.txt	esrd_projection_g0040	NUM	Total benefit cost Total cost sharing enhancements(Projection!G0040)
esrd 2.txt	esrd_projection_g0043	NUM	Corporate Margin Requirement % of Rev.(Projection!G0043)
esrd 2.txt	esrd_projection_g0044	CHAR	Corporate Margin Basis(Projection!G0044)
esrd 2.txt	esrd_projection_g0045	CHAR	Overall Gain/(Loss) Margin Level(Projection!G0045)
esrd 2.txt	esrd_projection_g0047	NUM	Total Benefit Cost % of Revenue(Projection!G0047)
esrd 2.txt	esrd_projection_g0048	NUM	Total Non-Benefit Expense % of Revenue (Projection!G0048)
esrd 2.txt	esrd_projection_g0049	NUM	Gain/ loss margin % of Revenue (Projection!G0049)
esrd 2.txt	esrd_projection_g0050	NUM	Total NBE + GLM % of Revenue (Projection!G0050)
esrd 3.txt	contract_year	CHAR	Contract Year (2018)
esrd 3.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
esrd 3.txt	version	NUM	Version Number
esrd 3.txt	esrd_experience_e0016	NUM	Member months - Enrollment - CY 2016 - Revenues(Experience!E0016)
esrd 3.txt	esrd_experience_e0029	NUM	Inpatient hospital Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of PMPM(Experience!E0029)
esrd 3.txt	esrd_experience_e0030	NUM	Skilled nursing facility Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0030)
esrd 3.txt	esrd_experience_e0031	NUM	Home health Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0031)
esrd 3.txt	esrd_experience_e0032	NUM	Outpatient hospital / ASC Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0032)
esrd 3.txt	esrd_experience_e0033	NUM	Emergency Room Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0033)
esrd 3.txt	esrd_experience_e0034	NUM	Dialysis Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0034)
esrd 3.txt	esrd_experience_e0035	NUM	Primary care physician Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0035)
esrd 3.txt	esrd_experience_e0036	NUM	Nephrologist Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0036)
esrd 3.txt	esrd_experience_e0037	NUM	Physician specialist (o/t nephrologist) Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0037)
esrd 3.txt	esrd_experience_e0038	NUM	Other professional Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0038)
esrd 3.txt	esrd_experience_e0039	NUM	Radiology / pathology Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0039)
esrd 3.txt	esrd_experience_e0040	NUM	Ambulance / transportation Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0040)
esrd 3.txt	esrd_experience_e0041	NUM	DME / Diabetes Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0041)
esrd 3.txt	esrd_experience_e0042	NUM	Part B Rx: Medicare-covered Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0042)
esrd 3.txt	esrd_experience_e0043	NUM	Other Part B services Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0043)
esrd 3.txt	esrd_experience_e0044	NUM	Coordination of Benefits Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0044)
esrd 3.txt	esrd_experience_e0045	NUM	Sub-total: Medicare-covered Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0045)
esrd 3.txt	esrd_experience_e0046	NUM	Additional services Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0046)
esrd 3.txt	esrd_experience_e0047	NUM	Sub-total: additional services Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0047)
esrd 3.txt	esrd_experience_e0052	NUM	Total benefit costs Claims incurred in period paid thru mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!E0052)
esrd 3.txt	esrd_experience_f0017	NUM	CMS payments (CY2016 Revenues) Amount(Experience!F0017)
esrd 3.txt	esrd_experience_f0018	NUM	Enrollee Premium (CY2016 Revenues) Amount(Experience!F0018)
esrd 3.txt	esrd_experience_f0019	NUM	Total revenue (CY2015 Revenues) Amount(Experience!F0019)
esrd 3.txt	esrd_experience_f0029	NUM	Inpatient hospital Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0029)
esrd 3.txt	esrd_experience_f0030	NUM	Skilled nursing facility Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0030)
esrd 3.txt	esrd_experience_f0031	NUM	Home health Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0031)
esrd 3.txt	esrd_experience_f0032	NUM	Outpatient hospital / ASC Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0032)
esrd 3.txt	esrd_experience_f0033	NUM	Emergency Room Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0033)
esrd 3.txt	esrd_experience_f0034	NUM	Dialysis Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0034)
esrd 3.txt	esrd_experience_f0035	NUM	Primary care physician Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0035)
esrd 3.txt	esrd_experience_f0036	NUM	Nephrologist Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0036)
esrd 3.txt	esrd_experience_f0037	NUM	Physician specialist (o/t nephrologist) Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0037)
esrd 3.txt	esrd_experience_f0038	NUM	Other professional Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0038)
esrd 3.txt	esrd_experience_f0039	NUM	Radiology / pathology Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0039)
esrd 3.txt	esrd_experience_f0040	NUM	Ambulance / transportation Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0040)
esrd 3.txt	esrd_experience_f0041	NUM	DME / Diabetes Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0041)
esrd 3.txt	esrd_experience_f0042	NUM	Part B Rx: Medicare-covered Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0042)
esrd 3.txt	esrd_experience_f0043	NUM	Other Part B services Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0043)
esrd 3.txt	esrd_experience_f0044	NUM	Coordination of Benefits Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0044)
esrd 3.txt	esrd_experience_f0046	NUM	Additional services Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0046)
esrd 3.txt	esrd_experience_f0047	NUM	Sub-total: additional services Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0047)
esrd 3.txt	esrd_experience_f0052	NUM	Total benefit costs Claim reserve as of mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!F0052)
esrd 3.txt	esrd_experience_g0011	DATE	Date Prepared(Experience!G0011)
esrd 3.txt	esrd_experience_g0029	NUM	Inpatient hospital Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0029)
esrd 3.txt	esrd_experience_g0030	NUM	Skilled nursing facility Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0030)
esrd 3.txt	esrd_experience_g0031	NUM	Home health Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0031)
esrd 3.txt	esrd_experience_g0032	NUM	Outpatient hospital / ASC Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0032)
esrd 3.txt	esrd_experience_g0033	NUM	Emergency Room Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0033)
esrd 3.txt	esrd_experience_g0034	NUM	Dialysis Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0034)
esrd 3.txt	esrd_experience_g0035	NUM	Primary care physician Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0035)
esrd 3.txt	esrd_experience_g0036	NUM	Nephrologist Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0036)

esrd 3.txt	esrd_experience_g0037	NUM	Physician specialist (o/t nephrologist) Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0037)
esrd 3.txt	esrd_experience_g0038	NUM	Other professional Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0038)
esrd 3.txt	esrd_experience_g0039	NUM	Radiology / pathology Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0039)
esrd 3.txt	esrd_experience_g0040	NUM	Ambulance / transportation Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0040)
esrd 3.txt	esrd_experience_g0041	NUM	DME / Diabetes Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0041)
esrd 3.txt	esrd_experience_g0042	NUM	Part B Rx: Medicare-covered Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0042)
esrd 3.txt	esrd_experience_g0043	NUM	Other Part B services Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0043)
esrd 3.txt	esrd_experience_g0044	NUM	Coordination of Benefits Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0044)
esrd 3.txt	esrd_experience_g0046	NUM	Additional services Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0046)
esrd 3.txt	esrd_experience_g0047	NUM	Sub-total: additional services Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0047)
esrd 3.txt	esrd_experience_g0052	NUM	Total benefit costs Incurred claims mm/dd/yyyy - CY 2016 - Components Revenue of (PMPM)(Experience!G0052)
esrd 3.txt	esrd_experience_g0055	NUM	Sales & Marketing - Non-benefit components(Experience!G0055)
esrd 3.txt	esrd_experience_g0056	NUM	Direct Administration - Non-benefit components(Experience!G0056)
esrd 3.txt	esrd_experience_g0057	NUM	Indirect Administration - Non-benefit components(Experience!G0057)
esrd 3.txt	esrd_experience_g0058	NUM	Net Cost of Private Reinsurance - Non-benefit components(Experience!G0058)
esrd 3.txt	esrd_experience_g0059	NUM	Insurer Fee (Experience!G0059)
esrd 3.txt	esrd_experience_g0060	NUM	Sub-total non-benefit exp.(Experience!G0060)
esrd 3.txt	esrd_experience_g0061	NUM	Gain / loss margin(Experience!G0061)
esrd 3.txt	esrd_experience_g0062	NUM	Total NBE+GLM(Experience!G0062)
esrd 3.txt	esrd_experience_g0063	NUM	Total plan cost(Experience!G0063)
esrd 3.txt	esrd_experience_h0029	NUM	Inpatient hospital Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0029)
esrd 3.txt	esrd_experience_h0030	NUM	Skilled nursing facility - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0030)
esrd 3.txt	esrd_experience_h0031	NUM	Home health - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0031)
esrd 3.txt	esrd_experience_h0032	NUM	Outpatient hospital / ASC - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0032)
esrd 3.txt	esrd_experience_h0033	NUM	Emergency Room - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0033)
esrd 3.txt	esrd_experience_h0034	NUM	Dialysis - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0034)
esrd 3.txt	esrd_experience_h0035	NUM	Primary care physician - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0035)
esrd 3.txt	esrd_experience_h0036	NUM	Nephrologist - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0036)
esrd 3.txt	esrd_experience_h0037	NUM	Physician specialist (o/t nephrologist) - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0037)
esrd 3.txt	esrd_experience_h0038	NUM	Other professional - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0038)
esrd 3.txt	esrd_experience_h0039	NUM	Radiology / pathology - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0039)
esrd 3.txt	esrd_experience_h0040	NUM	Ambulance / transportation - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0040)
esrd 3.txt	esrd_experience_h0041	NUM	DME / Diabetes - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0041)
esrd 3.txt	esrd_experience_h0042	NUM	Part B Rx: Medicare-covered - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0042)
esrd 3.txt	esrd_experience_h0043	NUM	Other Part B services - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0043)
esrd 3.txt	esrd_experience_h0046	NUM	Additional services - Utilizers - CY 2016 - Components Revenue of (PMPM)(Experience!H0046)
esrd 4.txt	contract_year	CHAR	Contract Year (2018)
esrd 4.txt	bid_id	CHAR	BID ID (H-number, Plan ID, Segment ID)
esrd 4.txt	version	NUM	Version Number
esrd 4.txt	esrd_opt_sup_b0016	NUM	Package ID 1(Optional Supplemental!B0016)
esrd 4.txt	esrd_opt_sup_b0017	NUM	Package ID 2(Optional Supplemental!B0017)
esrd 4.txt	esrd_opt_sup_b0018	NUM	Package ID 3(Optional Supplemental!B0018)
esrd 4.txt	esrd_opt_sup_b0019	NUM	Package ID 4(Optional Supplemental!B0019)
esrd 4.txt	esrd_opt_sup_b0020	NUM	Package ID 5(Optional Supplemental!B0020)
esrd 4.txt	esrd_opt_sup_c0016	CHAR	Optional Supplemental Package 1 Description(Optional Supplemental!C0016)
esrd 4.txt	esrd_opt_sup_c0017	CHAR	Optional Supplemental Package 2 Description(Optional Supplemental!C0017)
esrd 4.txt	esrd_opt_sup_c0018	CHAR	Optional Supplemental Package 3 Description(Optional Supplemental!C0018)
esrd 4.txt	esrd_opt_sup_c0019	CHAR	Optional Supplemental Package 4 Description(Optional Supplemental!C0019)
esrd 4.txt	esrd_opt_sup_c0020	CHAR	Optional Supplemental Package 5 Description(Optional Supplemental!C0020)
esrd 4.txt	esrd_opt_sup_d0016	NUM	Package 1 Allowed medical expense PMPM(Optional Supplemental!D0016)
esrd 4.txt	esrd_opt_sup_d0017	NUM	Package 2 Allowed medical expense PMPM(Optional Supplemental!D0017)
esrd 4.txt	esrd_opt_sup_d0018	NUM	Package 3 Allowed medical expense PMPM(Optional Supplemental!D0018)
esrd 4.txt	esrd_opt_sup_d0019	NUM	Package 4 Allowed medical expense PMPM(Optional Supplemental!D0019)
esrd 4.txt	esrd_opt_sup_d0020	NUM	Package 5 Allowed medical expense PMPM(Optional Supplemental!D0020)
esrd 4.txt	esrd_opt_sup_d0021	NUM	Weighted Average Allowed medical expense PMPM(Optional Supplemental!D0021)
esrd 4.txt	esrd_opt_sup_e0016	NUM	Package 1 Enrollee cost sharing PMPM(Optional Supplemental!E0016)
esrd 4.txt	esrd_opt_sup_e0017	NUM	Package 2 Enrollee cost sharing PMPM(Optional Supplemental!E0017)
esrd 4.txt	esrd_opt_sup_e0018	NUM	Package 3 Enrollee cost sharing PMPM(Optional Supplemental!E0018)
esrd 4.txt	esrd_opt_sup_e0019	NUM	Package 4 Enrollee cost sharing PMPM(Optional Supplemental!E0019)
esrd 4.txt	esrd_opt_sup_e0020	NUM	Package 5 Enrollee cost sharing PMPM(Optional Supplemental!E0020)
esrd 4.txt	esrd_opt_sup_e0021	NUM	Weighted Average Net PMPM Value(Optional Supplemental!E0021)
esrd 4.txt	esrd_opt_sup_f0016	NUM	Package 1 Net PMPM Value(Optional Supplemental!F0016)
esrd 4.txt	esrd_opt_sup_f0017	NUM	Package 2 Net PMPM Value(Optional Supplemental!F0017)
esrd 4.txt	esrd_opt_sup_f0018	NUM	Package 3 Net PMPM Value(Optional Supplemental!F0018)
esrd 4.txt	esrd_opt_sup_f0019	NUM	Package 4 Net PMPM Value(Optional Supplemental!F0019)
esrd 4.txt	esrd_opt_sup_f0020	NUM	Package 5 Net PMPM Value(Optional Supplemental!F0020)
esrd 4.txt	esrd_opt_sup_f0021	NUM	Weighted Average Net PMPM Value(Optional Supplemental!F0021)
esrd 4.txt	esrd_opt_sup_f0030	NUM	All OSB Packages Total Dollars - Base Period Net Medical Expenses(Optional Supplemental!F0030)
esrd 4.txt	esrd_opt_sup_f0031	NUM	All OSB Packages PMPM - Base Period Net Medical Expenses(Optional Supplemental!F0031)
esrd 4.txt	esrd_opt_sup_g0016	NUM	Package 1 Non-Benefit Expense(Optional Supplemental!G0016)
esrd 4.txt	esrd_opt_sup_g0017	NUM	Package 2 Non-Benefit Expense(Optional Supplemental!G0017)
esrd 4.txt	esrd_opt_sup_g0018	NUM	Package 3 Non-Benefit Expense(Optional Supplemental!G0018)
esrd 4.txt	esrd_opt_sup_g0019	NUM	Package 4 Non-Benefit Expense(Optional Supplemental!G0019)
esrd 4.txt	esrd_opt_sup_g0020	NUM	Package 5 Non-Benefit Expense(Optional Supplemental!G0020)
esrd 4.txt	esrd_opt_sup_g0021	NUM	Weighted Average Non-Benefit Expense(Optional Supplemental!G0021)
esrd 4.txt	esrd_opt_sup_g0030	NUM	Total: Non-Benefit Expenses(Optional Supplemental!G0030)
esrd 4.txt	esrd_opt_sup_g0031	NUM	Total \$: for all OSB packages combined Non-Benefit Expenses(Optional Supplemental!G0031)
esrd 4.txt	esrd_opt_sup_h0016	NUM	Package 1 Gain/(Loss) Margin(Optional Supplemental!H0016)
esrd 4.txt	esrd_opt_sup_h0017	NUM	Package 2 Gain/(Loss) Margin(Optional Supplemental!H0017)
esrd 4.txt	esrd_opt_sup_h0018	NUM	Package 3 Gain/(Loss) Margin(Optional Supplemental!H0018)
esrd 4.txt	esrd_opt_sup_h0019	NUM	Package 4 Gain/(Loss) Margin(Optional Supplemental!H0019)
esrd 4.txt	esrd_opt_sup_h0020	NUM	Package 5 Gain/(Loss) Margin(Optional Supplemental!H0020)
esrd 4.txt	esrd_opt_sup_h0021	NUM	Weighted Average Gain/(Loss) Margin(Optional Supplemental!H0021)
esrd 4.txt	esrd_opt_sup_h0030	NUM	All OSB Packages Total Dollars - Base Period Gain/(Loss) Margin(Optional Supplemental!H0030)
esrd 4.txt	esrd_opt_sup_h0031	NUM	All OSB Packages PMPM - Base Period Gain/(Loss) Margin(Optional Supplemental!H0031)
esrd 4.txt	esrd_opt_sup_i0016	NUM	Package 1 Premium(Optional Supplemental!I0016)
esrd 4.txt	esrd_opt_sup_i0017	NUM	Package 2 Premium(Optional Supplemental!I0017)
esrd 4.txt	esrd_opt_sup_i0018	NUM	Package 3 Premium(Optional Supplemental!I0018)

esrd_4.txt	esrd_opt_sup_i0019	NUM	Package 4 Premium(Optional SupplementalII0019)
esrd_4.txt	esrd_opt_sup_i0020	NUM	Package 5 Premium(Optional SupplementalII0020)
esrd_4.txt	esrd_opt_sup_i0021	NUM	Weighted Average Premium(Optional SupplementalII0021)
esrd_4.txt	esrd_opt_sup_i0030	NUM	Total: Premium(Optional SupplementalII0030)
esrd_4.txt	esrd_opt_sup_i0031	NUM	All OSB Packages PMPM - Premium(Optional SupplementalII0031)
esrd_4.txt	esrd_opt_sup_j0016	NUM	Package 1 Projected Member Months(Optional SupplementalII0016)
esrd_4.txt	esrd_opt_sup_j0017	NUM	Package 2 Projected Member Months(Optional SupplementalII0017)
esrd_4.txt	esrd_opt_sup_j0018	NUM	Package 3 Projected Member Months(Optional SupplementalII0018)
esrd_4.txt	esrd_opt_sup_j0019	NUM	Package 4 Projected Member Months(Optional SupplementalII0019)
esrd_4.txt	esrd_opt_sup_j0020	NUM	Package 5 Projected Member Months(Optional SupplementalII0020)
esrd_4.txt	esrd_opt_sup_j0021	NUM	Weighted Average Projected Member Months(Optional SupplementalII0021)
esrd_4.txt	esrd_opt_sup_j0030	NUM	All OSB Packages - Base Period Total Member Months(Optional SupplementalII0030)